



# The Hamaspik Gazette

News of Hamaspik  
Agencies and  
General Health

JANUARY '21 • ISSUE NO. 186



## GAZETTE SURVEY

The GAZETTE asks YOU:

**HAVE YOU HAD YOUR TONSILS REMOVED?**

**A. YES; B. NO**

Respond to: [survey@nyshainc.org](mailto:survey@nyshainc.org) • 845-655-0667



## HEALTH STAT

### A FULL-THROATED SOLUTION

Tonsillectomies (surgical removal of the tonsils) in the U.S.:

YEAR	1959	1979	1996
NUMBER	1.4 million	500,000	380,000

Source: NIH National Library of Medicine



## HEALTH TIP

### SIX CHILD-CARE TIPS, POST-TONSIL REMOVAL

While your child's doctor will provide specific instructions, here are some general tips to help your child recover: Stay on top of your child's pain; encourage fluids and soft foods; recognize normal side effects; keep an eye activity levels; know when to call the doctor; and follow up.

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HAMASPIK OF KINGS COUNTY, SPEARHEADED BY COMFORT HEALTH, INTEGRATED HEALTH AND SEVERAL OTHER DYNAMIC PROGRAMS, CONTINUES TO MEET AND EXCEED THE COMMUNITY'S NEEDS, IN DISABILITY AND BEYOND

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## HAMASPIK NEWS

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### First Fully Transparent Surgical Mask Approved by FDA

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# Services Provided by NYSHA AGENCIES

## OPWDD SERVICES

### INDIVIDUALIZED RESIDENTIAL ALTERNATIVE (IRA)

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

### INDIVIDUALIZED SUPPORT SERVICES (ISS)

Paid housing expenses and support for individuals who can live independently.

### HOME FAMILY CARE (HFC)

Places individuals with developmental disabilities into private homes to care and support the individual.

### DAY HABILITATION (DH)

A day program for adults with disabilities designed to develop skills, greater independence, community inclusion etc.

**Site Based:** Day Habilitation Service delivered in an OPWDD certified facility.

**Without Walls:** Day Habilitation Service delivered in a community-based setting.

**Stars Day Program:** Day Habilitation Service delivered in an OPWDD certified facility for higher-functioning individuals.

### COMMUNITY HABILITATION (CH)

Working one-on-one with individuals in their home or in the community to achieve valued outcomes by helping them develop daily living skills and achieve long-term goals.

### COMMUNITY PRE VOCATIONAL

Working with individual to prepare them for paid community employment- Teaching individuals job skills and other related social skills to enhance their ability to obtain employment in the future.

### SUPPORTED EMPLOYMENT (SEMP)

Working with individual to support and provide them with necessary coaching so they can successfully engage in paid competitive employment.

### FAMILY SUPPORT SERVICES (FSS)

Support for the individual's family by reimbursing them for certain qualifying items or services, otherwise not available to them.

### INTENSIVE BEHAVIORAL SERVICES (IBS)

Short-term interventional services for people with behavioral issues and their family members.

### RESPIRE:

Home and Community-based respite services to provide a relief for the individual's caregiver and family.

**At-Home:** Respite services delivered in the home of the individual.

**After School:** Respite program provided every day after school hours.

**Sundays:** Respite program provided every Sunday.

**Legal Holidays:** Respite program provided on all legal holidays when school is not in session.

**Summer Break/Camp Neshomah:** Full day respite program during the summer break weeks.

**Stars Night Program:** Respite services delivered in the evening hours to high-functioning individuals by taking them out in the community and doing recreational and stimulating activities with them.

**Weekend Getaway:** A weekend retreat for individuals receiving respite services.

**Hamasmid:** After-School program for mainstreamed individuals engaging in recreational activities.

### SELF-DIRECTION

The Individual or their advocate takes direct responsibility to manage their services and self-direct their budget.

**Fiscal Intermediary (FI):** Assists individual or their advocate in implementing their Individual Support Agreement and to manage financial accountability and employer responsibilities.

**Brokerage:** Assisting individuals or their advocate in creating and managing their budget.

### PARENTAL RETREATS

Providing: Getaways and retreats for parents of individuals with disabilities

## DOH

### EARLY INTERVENTION (EI)

Providing a range of services to help young children (ages birth-3) who have a specific delay in their development.

**Group Development Model (GDM):** Providing Early Intervention services in a group-setting.

**Therapy:** Providing OT, PT, SLP, Vision, Nutrition, Play, Special Education, Family Training etc. to help the child develop appropriately.

**Evaluations:** Providing full evaluations to assess child's skills and development.

### NURSING HOME TRANSITION AND DIVERSION (NHTD)

Waiver services to help individuals who need nursing-home level of care safely remain home and avoid nursing home placement.

**Service Coordination (SC):** Provides coordination to the individual in gaining access to needed waiver and Medicaid State Plan services, as well as other local, state, and federally funded educational, vocational, social, and medical services.

**Community Transitional Services (CTS) / Moving Assistance (MA):** Provides moving assistance with packing and transporting individual's possessions and furnishings when he/she must be moved from an inadequate or unsafe housing situation to a viable environment.

**Environmental Modifications (EMODS):** Provides Internal and external physical adaptations to the individual's home, that are necessary to assure the health, welfare and safety of the individual and avoid institutionalization.

**Vehicle Modification (VMODS):** Modifications to a vehicle that is used to improve the individual's independence and access to services and supports in the community.

**Assistive Technology :** Provides durable medical equipment and supplies for the individual to increase their level of independence, safety, and functional limitations.

### TRAUMATIC BRAIN INJURY (TBI)

Waiver services to help individuals who had a traumatic brain injury.

**Service Coordination (SC):** Provides coordination to the individual in gaining access to needed waiver and Medicaid State Plan services, as well as other local, state, and federally funded educational, vocational, social, and medical services.

**Community Transitional Services (CTS) / Moving Assistance (MA):** Provides moving assistance with packing and transporting individual's possessions and furnishings when he/she must be moved from an inadequate or unsafe housing situation to a viable environment.

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### SENIOR DINING/SOCIAL DAY PROGRAM (SHNOIS CHAIM)

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

## HAMASPIK CHOICE

### MLTCP:

Providing: A managed long-term care plan (MLTCP) approved by New York State.

## HMO/INSURANCE

### ABA

Behavior modification services for children with autism.

**Social Group:** ABA service delivered in a group setting.

**One on One:** ABA service delivered on a one-on-one basis in the child's home or community.

## HAMASPIK HOMECARE

### LHCSA

Licensed HomeCare Services Agency .

### Personal Care Services

Our PCA/HHA assist individuals with personal care needs, activities of daily living, and light housekeeping. They are extensively trained, and screened, and are supervised by RN.

### Support Services

Our HCSS Certified Aides assist those enrolled in the NHTD or TBI Medicaid Waiver Programs with oversight and supervision, in addition to personal care services.

### Nursing Services

Providing: skilled observation and assessment - care planning - paraprofessional supervision - clinical monitoring and coordination - medication management - physician - ordered nursing interventions and skilled treatments.

### Training

Providing: free PCA training and competency testing for those interested in a home care career.

### CDPAS/CDPAP

As an alternative to traditional homecare, this program empowers the client to hire, train, and set the schedule of their personal assistants (PA). The PA's may be family members and can even live in the same home.

## NYC HCR

### ACCESS TO HOME

Providing home modifications for people with physical disability.

## NYSED SERVICES

### ACCESS VR

Assist individuals to achieve and maintain employment and to support independent living through training, education, rehabilitation, and career development.

### PATHWAY TO EMPLOYMENT

Employment planning and support services that provide assistance for individuals to obtain, maintain or advance in competitive employment or self-employment.

## NYSHA

### ARTICLE 16 CLINIC

Providing: Physical therapy · occupational therapy · speech therapy · psychology · social work · psychiatry · nutrition

### TRAINING SESSIONS

Providing: SCIP · CPR and first aid · orientation · MSC CORE · AMAP · annual updates · Com Hab/ Respite · Family Care · Supported employment

### CENTRAL INTAKE

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

### THE HAMASPIK GAZETTE

Providing: A bilingual monthly newspaper keeping the community up-to-date on all major news in medicine, public health, disability, hospitals, senior care, and general Hamaspik news.

## OMH

### ADULT HEALTH HOME CARE MANAGEMENT SERVICES

Intensive, comprehensive care management for Adults with chronic condition(s) and/or mental health issues at greater risk for relapse and/or lack of care.

### CHILDREN HEALTH HOME CARE MANAGEMENT SERVICES

Intensive, comprehensive care management for children with chronic condition(s) and/or mental health issues at greater risk for relapse and/or lack of care.

### ADULT HCBS SERVICES

Behavioral Health Home and Community-Based Services for eligible adults over the age of twenty one.

**Community Psychiatric Support and Treatment:** Support and treatment to achieve functional improvement and stability, while working to attain the personal goals in a community setting.

**Family Support and Training:** Family training and support to engage the family in the treatment planning process and provide them with emotional and informational support to enhance their skills to assist in the recovery.

**Psychosocial Rehabilitation:** Assists with rehabilitating functional deficits and interpersonal or environmental hardships associated with the behavioral health condition.

**Empowerment Services-Peer Support:** Peer-delivered services designed to promote skills for coping with and managing behavioral health symptoms, while utilizing recovery-oriented principles.

**Habilitation:** Assist to acquire and improve skills such as: communication, self-care, socialization, mobility, etc. to successfully reside in home and community-based setting.

**Intensive Supported Employment:** Assists to obtain and keep competitive employment.

**Prevocational Services:** Prepares for employment, developing strengths and soft skills that contribute to employability.

**Transitional Employment:** Strengthens the work record and skills toward the goal of achieving assisted or unassisted competitive employment.

**Ongoing Supported Employment:** Ongoing follow-along support when holding down a job.

### CHILDREN HCBS SERVICES

Behavioral Health Home and Community-Based Services for eligible children from birth to twenty one.

**Prevocational Services:** Designed to prepare a youth (age 14 or older) to engage in paid work, volunteer work, or career exploration. Prevocational Services are not job-specific, but rather are geared toward facilitating success in any work environment.

**Caregiver Family Support and Services :** Teaches skills to caregiver/family's that will enhance their ability to care for the child/youth in the home and/or community.

**Community Self Advocacy Training and Support:** Provides family and caregivers with techniques and information not generally available so that they can better respond to the needs of the Individual related to their disabilities.

**Community Habilitation:** Provides assistance with learning social skills, daily living and health related duties by working with the individual on goal-oriented tasks.

**Supported Employment:** Designed to prepare youth with disabilities (age 14 or older) to engage in paid work.

**Planned Respite:** Provides short-term relief for the individual's family/caregiver while supporting the individual's mental health, substance use and/or health care goals.

**Day Habilitation:** Provides assistance with learning social and daily living skills in a certified agency setting.



● ► NYSHA NEWS

# Hamaspik Kings in Brooklyn Ending The Struggle With Comfort Health Lehashlim

*How every child can thrive despite his or her challenges*

“Because problems that aren’t serious *should* be taken seriously,” says Hershel Wertheimer, Executive Director of Hamaspik of Kings County. “Mainstreamed children deserve to be helped, too.”

Comfort Health has improved so many lives in the community; establishing itself as the go-to for all mental health problems. With over one thousand children enrolled and hundreds of dedicated employees providing personal care, parents and mechanchim have come to trust Comfort Health as the heart and visionary for innovative solutions.

But Hamaspik of Kings County is not one to stop and revel in its own success. While one may see the number of children helped, they see the numbers of children that weren’t. Upon dealing with so many in the community, they realized how many mainstreamed children remain at the sidelines. Under their new program, Comfort Health Lehashlim (*complete*), they pledge to help every child, no matter the scope of

his or her problem.

“I pose the question that I have asked multiple times. By us, in OPWDD we have children affected by deafness, vision

to every child.

“If you truly understand the strengths and weaknesses of a child and work with them, you can empower him



impairment, autism, and so on. We took struggling special needs individuals and taught them how to achieve their fullest potential,” Hershel says. “How is it that these individuals, with minimum capabilities, can sit still and actually learn? Why have we never sent a child out of class, or worse yet, home?”

They have powerful tools in their arsenal, apparently. They don’t have superior *methods*; rather, their success lies in the fact that they *tailor* a method

or her for life! And if the child ‘doesn’t have strengths’?! Well, apparently you don’t know the child!” he exclaims passionately, believing that if each child is given the proper care, he or she will thrive.

With the new program, Comfort Health Lehashlim empowers everyone involved with a child struggling with ADHD, ODD and similar disorders. Through thorough evaluations, measurable plans and realistic follow-

up goals, Comfort Health Lehashlim is truly addressing the vast need of social, emotional and cognitive issues. By identifying the challenge of each child and creating a plan to overcome it, Comfort Health Lehashlim promises to make real change with long-term results.

As the keynote speaker at the annual Yom Iyun (quite literally, “Day of Thinking”) for hundreds of menaholim, Hershel explored the many tools and solutions on how to deal with struggling children. He pointed out that no child wants to be “bad.” When a child is acting up, there is something behind it.

The new pilot program rolled out in Hamaspik of Kings County sparked the interest of many mechanchim who were eager to know more. Mr. Hershel Jacobowitz and Mr. Yoel Drummer, under the leadership of Mrs. Stern, Comfort Health director, were there to answer all their questions. They were multiple and various, yet each one got answered with expertise.

Hershel Wertheimer didn’t merely give a plan; He *committed* to help every struggling child.

“Under the new Comfort Health Lehashlim program, we have the power to help thousands of children,” Hershel promises. “We are determined to do our utmost to ensure that no child is left alone in his or her struggle.” ★

● ► HEALTH NEWS

## Newest “5G” Wireless Technology Does Not Make People Sick

*Recent Reports Debunk Persistent Medical Myth*

**New York** — With new technology tends to come fear of the unknown—a fact not exclusive to this high-tech generation but going back as far as the Luddites.

Those anti-technology agitators, originally British weavers and textile workers of the 1800s, objected to the increased use of mechanized looms and knitting frames. For the most part, they were highly trained and experienced artisans who had spent years learning their craft, and they feared that unskilled machine operators were robbing them of their livelihood.

More recently, anti-technology agitation has railed against the still-growing use of cell phones—and more specifically, the increasingly-common towers, antennae and repeaters that pop up alongside highways and on apartment-building rooftops alike.

Most currently, there’s been a backlash against 5G, the newest iteration

of wireless signals making possible 5G-enabled wireless devices.

The “5G” name comes from the type of signal used by such transmitters and devices. The technology is currently in wide use in China and South Korea, where it delivers superfast signal speeds that allow multiple devices to connect at the same time.

The U.S. rollout of 5G has been limited mainly to cities where only a few customers actually can get the coverage now.

Nonetheless, conspiracies attest 5G causes some sort of toxicity in cells, prompting nausea or cellular damage.



**RADIO WAVES AT 5G HIGH FREQUENCIES ARE SHORTER WAVES, AND LESS DANGEROUS**

Radiology experts say extremely high-frequency waves, such as X-rays, do pose a health risk, as has been known since at least the 1940s. But radio waves at 5G high frequencies are shorter waves, and less dangerous, not more.

The reason is that human skin provides a barrier to shield human organs, including the brain, from

exposure. It blocks radio waves, including even higher frequencies of sunlight.

Nonetheless, conflicting studies over the decades have raised health concerns. But most of those concerns have been defeated by simple experience. It doesn’t appear that cancer rates are rising exponentially, scientists say. ★

### Hamaspik Gazette

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# Happening in Health Today

## MORE “GOOD” INGREDIENTS IN HDL “GOOD” CHOLESTEROL, LESS DEMENTIA RISK: STUDY

**Boston, Massachusetts** — Not only is high-density lipoprotein (HDL) cholesterol good for you, even specific “good” ingredients in HDL are good for you, too—meaning, the more you have of those ingredients in your “good” cholesterol, the less risk you have for dementia.

At least according to a new study by Harvard’s T.H. Chan School of Medicine, which found that higher levels of *apolipoprotein E* (APOE) in HDL were linked to lower dementia risk.

But there’s a catch: the lower risk was only found when that same HDL does not contain *apolipoprotein C3* (APOC3).

According to the study, higher APOE levels in in HDL that also lacked APOC3 were linked to better cognitive function and lower dementia risk. Previous research also linked APOE-positive, APOC3-negative HDL to lower risk of cardiovascular disease.

## GOOSEBUMPS DO MORE THAN REACT TO COLD, FEAR OR EMOTION: NEW FINDINGS

**Taiwan** — Goosebumps are usually the first (and stereotypically best) sign of the body’s reaction to strong external stimuli, negative or positive: the freezing winter air outside your front door, a frightening-looking man approaching you on the street, or a singer singing the most upliftingly sweetest song you’ve ever heard.

But now, researchers at National Taiwan University have found that the same cell types that cause goosebumps are also responsible for controlling the growth of hair follicles in the skin.

In the skin, muscle tissue is needed to connect hair-follicle stem cells to the *sympathetic nerve*, the nerve that reacts to cold by contracting that muscle tissue to create goosebumps.

However, that mechanism has now also been found to drive stem-cell activation and new hair growth over the long term

## UBER HEALTH EXPANDS INTO PRESCRIPTION DRUG DELIVERY

**San Francisco, California** — With the launch of subsidiary Uber Health, rideshare giant Uber entered the medical-transportation market.

In recent months, though, Uber Health has been increasingly making forays of its own into yet another niche medical market: delivering prescription drugs.

Through a new partnership with on-demand prescription platform NimbleRx, Uber Health is delivering prescriptions in Seattle, Dallas, and several other major cities.

Since the pilot launched in the summer of 2020, Nimble and Uber have completed close to 100,000 deliveries.

Uber currently has close to 1,500 healthcare partners, and is now angling for a slice of the lucrative U.S. prescription drug market, which sees some 3.8 billion prescriptions filled each year. But Uber is facing stiff competition: Retail pharmacy giants CVS Health and Walgreens have

invested heavily in prescription home delivery following Amazon’s buyout of online pharmacy Pillpack.

## STUDY TIES CHILDHOOD ASTHMA TO AIR POLLUTION

**Aarhus, Denmark** — Young children’s risk of developing asthma and persistent wheezing may be increased by long-term exposure to high levels of air pollution may increase.

That suggestion is supported by a study on more than 797,000 Danish children who were born between 1997 and 2014 and followed from ages one year up to 15 years of age.

Researchers first identified that nearly 123,000 of the children had developed asthma or persistent wheezing, just before age two.

They then checked data on air pollution levels at the children’s home addresses—as well whether their parents had asthma, if their mothers smoked, and also, parental education and income.

After accounting for other potentially influential factors, the investigators found higher levels of asthma and persistent wheezing in children of parents with asthma and in children of mothers who smoked during pregnancy.

## STUDY FINDS ANOREXIA OFTEN STUNTS GIRLS’ GROWTH

**Washington, D.C.** — In a study published by the Endocrine Society, girls with the eating disorder anorexia nervosa—which makes people who have it believe that they weigh too much, even if they’re underweight—may have stunted growth.

Researchers first studied 255 girls around age 15 who had been hospitalized for anorexia nervosa. They first measured patients’ height at time of hospitalization, and again years later at adulthood.

The research found that the women’s height as adults was much shorter than expected compared with the genetic potential gauged by their parents’ height.

“We suggest that the height impairment is a marker for other complications of anorexia nervosa affecting the person’s overall health in several aspects,” including bone health and cognitive mental function,” said lead researcher Dr. Dalit Modan-Moses in a news release. “This study may have implications for the management of malnutrition in adolescents with other chronic diseases in order to achieve optimal adult height and bone health.”

## BABY TEETH ALSO PRO- TECTED BY FLUORIDAT- ED WATER: STUDY

**Chicago, Illinois** — For decades, municipal drinking water (the water that comes out of the tap at your home or office) has been deliberately *fluoridated*, or had fluoride added to it, because studies had shown that it benefits teeth in adults, adolescents and children, too.

But now, a study in *JAMA Pediatrics* finds that fluoride in drinking water reduces the odds for severe cavities in baby teeth, too.

For the study, researchers collected data on nearly 276,000 children in New Zealand with a median age of four, with half older than four and half younger. Some kids lived in areas where fluoride was added to the water, and others lived in areas without fluoridated water.



KEEP SMILING: FLUORIDE IN DRINKING WATER BENEFITS CHILDRENS TEETH

They found that kids drinking fluoridated water were less likely to develop severe cavities than the other children.

The children were part of New Zealand’s B4 School Check screening program between July 2010 and June 2016. ★





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Achosainu is an innovative academy for students with special needs aged 21 and up. Under the loving, attentive care of an all-heimishe staff, students learn critical life and social skills that prepare them for a future full of independence.

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LEARNING™  
TOGETHER

## ● ► HAMASPIK NEWS

# Hamaspik of Kings County New 'Regional Center' Facility

*Leadership & Staff, Share Moments of Pride, Remembrance and Reinvigoration*

"Just about a year ago I was here for a *chanukas habayis*, and now there is a second one!" exclaimed Meyer Wertheimer, founder of Hamaspik Executive Director NYSHA, in his remarks at the *chanukas habayis*, the official dedication ceremony, for the Hamaspik of Kings County new Regional Office in Williamsburg.

Indeed, over those past 12 months, Hamaspik has grown beyond recognition.

The new complex in Williamsburg is not just another office—it's the very model of an office that can run on its own with minimal direction from headquarters. The new Regional Office will set the precedent for future ones that Hamaspik hopes to set up with ease with this model in place; Hamaspik of Kings County created a model of a regional office and a brilliant plan on how to duplicate it in other places as well.

"We planned it now to perfection," said Hershel Wertheimer, Executive Director of Hamaspik of Kings County, "so we can open new regional locations with ease."

When Hamaspik Kings' top brass first sat down to plan their new Regional Office, they were on the hunt for a manager full of energy—someone ready to jump in headfirst, internalize and then pass on the skills, and keep the Hamaspik model strong.

"We were fortunate to find Shmiel Chaim Tessler to be our Regional Manager and run the new office. He's full of energy. Full of heart," said Hershel. "It is one of my dreams that I



MEMORIES PAST, MISSION FUTURE: HAMASPIK FOUNDER MEYER WERTHEIMER SHARES



BRIGHT TOMORROW: A NEW CONFERENCE ROOM'S WARM HUES PORTEND A GOLDEN ERA

never thought would happen."

Yoel Lefkowitz, HCBS Regional

Manager for Hamaspik's Borough Park offices, inspired everyone with

his heartfelt words, aptly describing each agency staffer's role in making this new division happen.

Williamsburg Regional Manager Shmiel Chaim Tessler next spoke.

"Barely a year ago, when they hired me, Hershel told me: 'To help another human being is not an easy thing, but you get tremendous satisfaction from it,'" he said. "There will be days that you will laugh. But there will be days that you will also cry."

"I didn't understand it then. But how I understand it now!" he continued. "At Hamaspik we all share the same language: The language of the heart. And so we feel along with our clients' pain. We all have the same goal."

Yoel Bernath, Executive Director of Tri-County Care and Hamaspik Choice, agreed.

"If one looks back at what Hamaspik has accomplished over the past decades, there's one underlying theme in all their doings: Hamaspik has succeeded against all odds," he shared. "If you look at what Hershel did, in all aspects of Hamaspik, especially regarding Comfort Health, he succeeded despite all dire predictions. Today we celebrate the *chanukas habayis* of a new location—and we are privileged to have achieved this."

Every move Hamaspik of Kings County made in setting up its new Regional Office was recorded in precise detail so that it could be duplicated. The new location offers all services under one roof: HR, Intake, Waiver services

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## "I'm Happy When I Can Help Someone!"

*Joel Moskovichs, Rockland's New Director of Day Services, Embraces Hamaspik Mission*

While the workday begins at 9:00 a.m., it's only at 11 that the day really gets started—when work really gets underway; so avers Joel Moskovichs, Hamaspik of Rockland County's enthusiastic, upbeat Director of Day Services.

Typical mornings, he says, begin with staff work assignments, forms and other paperwork from the previous day, and a cursory review of his e-mail inbox—the

calm before the storm.

Come early midday, though, his office transforms into the executive's beehive of activity, with a conveyor belt of staff circulating through, virtually all with problems urgently demanding attention.

In an introductory *Gazette* interview, it becomes quickly apparent that Mr. Moskovichs has hit the ground running—no mean feat at an agency where running,

not walking, is the norm.

Hamaspik's general mission is to help children, he says, asked for his opinion of the agency's ethos—and the division he now helms executes that mission by giving the "breathing space" of After-School Respite (ASR) programs to parents who need it, as well as improving the skills and capabilities of adults with disabilities via Hamaspik's Day Hab programs.

So how does he plan on furthering that mission?


By opening more day programs and upgrading the existing ones, he cheerfully rejoins. "To maximize each individual's potential!" he adds.

Towards that end, Director Moskovichs divulges that he spends oodles of time each day on the phone, receiving—and placing—calls to concerned parents of children with special needs.

"I'm happy when I can help someone," he declares, asked for what he loves most about his job. "I feel their relief when I call them." ★



בס"ד

 ... Caller @ 1:25 PM

“

**Our Shaya is getting older. So are we. We now need help ourselves.**

Who will care for Shaya? Suri mentioned HomeCare, Yossel mentioned SSI; what are these? Who can we reach out to?

**WHERE DO I BEGIN?**

**INTEGRATED  
HEALTH  
IS THE ANSWER.**

A dedicated Care-Manager will help you navigate the murky waters and connect you with the right resources.

FREE FOR ELIGIBLE MEDICAID MEMBERS.

INTRODUCING



**INTEGRATED**  
HEALTH

A Hamaspik initiative. Available to the general public. Must be 18+, have Medicaid, and face chronic medical or behavioral conditions to qualify.

MEDICAL BEHAVIORAL PSYCHIATRIC ADDICTIONS

**UPSTATE** 845-503-0444  
hh@IntegratedHealthRC.org  
www.IntegratedHealthRC.org

**BROOKLYN** 718-387-8400 ext 13  
intake@hamaspikkings.org



● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK



## Wine-Making Workshop



**ON THE FRONT LINES OF THE VINE:** YOSEL LOWY (TOP, CENTER LEFT) DEMONSTRATES; ELAZAR SHOW OFF HIS HANDIWORK (CENTER RIGHT); A HAND GRAPE CRUSHER (ABOVE)

## Love for Children and a Hand to Parents is Always Cooking at After-School Respite

*Hamaspik of Orange County's ASR Program to Serve Fresh-Made Hot Dinners Daily*

The After-School Respite (ASR) Program, long one of the unsung successes of the New York State Office for People With Developmental Disabilities (OPWDD), has long been offered by Hamaspik to communities in need across New York State.

From urban Brooklyn to the suburban swathes of the greater Hudson Valley, thousands of parents have benefited from the common-sense supports provided by this vital OPWDD service: A typically-desperately-needed break during school-free afternoons, weekends and summers from the rigors of special-needs parenting.

Provided by community-heavy agencies like Hamaspik for decades now, ASR gives its youthful participants several healthy and therapeutic hours of activity each day while parents are granted time to tend to their other precious children—or to simply grant themselves the gift of downtime.

But if good is good, is better not better?

Drawing upon that bit of old Yiddish folk wisdom, never mind a mother's loving heart, Hamaspik of Orange County ASR Director Mrs. Schnitzer decided to up the ante a bit—and, in the process, also fire up the stove.

Realizing as she did that “her” parents needed as much of a break as they could get, Director Schnitzer has set up a daily dinner program, complete with a professional chef—and helping hands from the Day Habilitation program's regulars.

The little boys and girls participating in Day Hab will now come home suitably satiated, having been served on site with hot and nutritious suppers under Child and Adult Food Program (CACFP) guidance—and thus able to go straight off to their bedtime routines.

For special-needs parents busy on typical afternoons with their families, the freedom to feed one less hungry mouth is immeasurable. But at Hamaspik, looking for ways to improve their lives is always on the menu. ★

## Hamaspik of Orange County Makes the Must of It

*Day Programs Enjoy Fascinating, Educational and Hands-on Wine-Making Workshop*

Any professional vintner will tell you: The fine art of wine-making is so compelling, it even begins with *must*.

Wordplay aside, “must” here refers not to the part of speech known as a modal verb but to the English noun originating in the Latin *vinum mustum*, which means “young wine.”

Specifically, *must* is the soupy mush of freshly-crushed raw grapes—seeds, skins, stems, juice and all—with which every fine wine (at least red wine) begins its life.

And turning bunches of pure-bred grape bunches into that must was the order of the day at Hamaspik of Orange County, where professional experiential educator Yosef “Yosel” Lowy put on a spectacular show and quite literally crushed it.

Present before him was a large group of individuals from the agency's several active groups of Day Habilitation (Day Hab) and After-School Respite (ASR) programs.

In a hands-on demonstration lasting roughly 90 minutes, Mr. Lowy, accompanied by an assistant and an array of equipment straight out of a theatrical laboratory scene, walked a fascinated audience through the process of turning grapes into wine.

The demo started with a hand-powered grinder of sorts, into whose chute were dropped grape clusters to churn out the must.

Next, the solid parts of the must—the seeds, skins and stems known as pomace—were strained out of the actual grape juice, which then goes on to fermentation in the traditional wooden barrels to eventually become wine.

But that process takes several long months and several steps, which Mr. Lowy visually demonstrated, from juice-collecting and testing to careful storage and bottling—and in all of which his audience members excitedly participated. ★



● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK

## Hamaspik of Kings County New 'Regional Center' Facility *Leadership & Staff, Share Moments of Pride, Remembrance and Reinvigoration*

<< CONTINUED FROM PAGE 6

(including Com Hab and Respite)—and, let's not forget, Comfort health. Anyone walking into the state-of-the-art building, whether a senior, a person struggling with mental-health issues, or an individual with intellectual/developmental disability (I/DD), will find all necessary services and care readily waiting.

"Years ago, we put in so much effort to open our own school for special needs individuals. But it wasn't meant to be," Hamaspik founder Meyer Wertheimer and Executive Director NYSHA noted. "But Hershel, with the entire team at Hamaspik of Kings County, established the Alef Bais Center for kids that have no choice but to go to public school. They give them a chance to learn *alef bais* [the Jewish alphabet] and *yomim tovim* [Jewish holidays]—not because it's their 'heritage,' but because it's vital for them to learn," he proudly stated.

"In the area of mental health, we also tried for so many years and took many consultants, but our efforts didn't yield much success," he continued. "Yet, Hershel established Comfort Health and is about to open Sipuk, an Article 31 Clinic. I always wanted to open a division in Williamsburg, where I grew up. If Hershel was able to pull it off and materialize this dream of helping people, it is my greatest joy," he concluded.

"Honestly, we do it because it hurts us when other people are hurting," Hershel Wertheimer later told the *Gazette* when asked what drives Hamaspik to keep growing. "What a person must go through is ordained: Sometimes he suffers personally—but sometimes it's enough if one suffers from the pain of the other," he elaborates.

He concludes: "I pray that my whole team should always be able to help others." ★

## Hamaspik of Rockland County Updates Accessibility Fleet

*Brand-New, Fully-Outfitted Vans Now Supporting  
Day Hab, Group Homes*

They did their time. Their time had come. And now, it was time for them to go—and for their spanking-new replacements to come.

"They" are the Hamaspik of Rockland County Transport Vans that made their mark on the community with their simple, straightforward lettering and trademark navy blue.

But after years of use, thousands of miles logged and endless true-life tales told involving the vehicles as supporting actors, it was time to update the fleet.

Marking the parking lots at one Day Hab and two group homes, then, are the newest members of Hamaspik Rockland's fleet, replacing its most honorably-discharged oldest members with brand-new Ford Transits freshly wrapped in a contemporary color scheme that ushers in a new era.

A cursory review of the vans' interior reveals insides as appealing as outsides.

Driver's consoles and dashboards

are futuristic and feature-packed, back-up and seatbelt alerts are standard, rides are smooth and engines are quiet.

Floors feature the New York-made AbiliTrax system: metal strips punctuated by seat-locking grooves allowing for quick, effortless and on-the-go reconfiguration of removable seats as needs change—a most-welcome plus for veteran Hamaspik staff long hampered by the low maximum capacities of the older vans.

Only one wheelchair-using passenger could ride earlier, notes one experienced Hamaspik van driver. The new vans allow up to four. That translates to more passengers per van—and less vans per trip, the staffer adds.

"Everyone knows the difference between an old van and a new van," says Day Hab Women's Division Director Mrs. Shonfeld. "The individuals feel special, and that's important for me." ★

## Hamaspik of Kings Leadership



HERSHEL WERTHEIMER EXECUTIVE DIRECTOR OF HAMASPIK OF KINGS COUNTY

## Riding in Style and Comfort



ACCESSIBILITY INSIDE AND OUT: THE NEW VANS' EXTERIOR (TOP) IS ONLY MATCHED BY THEIR FUNCTIONALITY, VERSATILITY AND FLEXIBILITY ON THE INSIDE (ABOVE L, R)



# The Autism Update

*News and developments from the world of research and advocacy*

## CALCIUM CHANNEL SUB-UNITS PLAY A MAJOR ROLE IN AUTISM: RESEARCH

**Mainz, Germany** — Neurobiology researchers at the Johannes Gutenberg University Mainz (JGU) have found new evidence that specific calcium channel sub-units play a crucial role in the development of the brain in people with autism.

The ability of the human brain to process and store information is determined to a large extent by *synapses*, or the connections between brain cells. In greater detail, those connections are created by *calcium channels*, or microscopic pores that allow calcium to enter cells.

In the new research, scientists found that certain *sub-units*, or channels within the channels, of calcium channels play a critical role in the development of synapses that send (or block) signals.

Autism spectrum disorder (ASD) typically involves impaired development that begins with birth. Disruption of synapse-mediated interaction between nerve cells is believed to play a major role in many cases of autism.

## MICHIGAN AUTISM MOM, WORKING EMT, SUPPLIES AMBULANCES WITH “SENSORY KITS”

**Muskegon, Michigan** — Amber Horton knows firsthand what it's like to have a child with severe autism—in more ways than one.

Besides being an active emergency medical technician (EMT) with the Western Michigan-based Pro Med ambulance company, she's also the mother of Max, a boy with the overwhelming sensory issues not uncommon to children with severe autism.

Stimulants common to the public environment—emergency lights or sirens, honking traffic, or other typical sights or sounds—can trigger meltdowns, as can riding in an ambulance, too.

That's what led the mother to develop “sensory kits,” providing tools for ambulance patients with autism to cope with the flashing lights and sirens while inside those vehicles. The kits include a weighted blanket, noise-canceling

ear muffs, sunglasses to dim bright lights and communication tools for kids to describe their pain to first responders.

## DEPT. OF JUSTICE SETTLES WITH BANK OF AMERICA OVER DISABILITY DISCRIMINATION CLAIMS

**Washington, D.C.** — The Civil Rights Division of the U.S. Department of Justice (DOJ), along with the U.S. Attorney's Office for the Eastern District of New York, settled with Bank of America over allegations of “discrimination on the basis of disability.”

The department alleged in its complaint that for several years beginning in January 2010, the Bank maintained a policy of denying mortgage and home equity loans to adults with disabilities who were under legal guardianships or conservatorships.

“No one in this free country should be denied access to the American dream merely because of a disability,” said Assistant Attorney General Eric Dreiband of the Civil Rights Division. “The Fair Housing Act prohibits banks from denying mortgage loans and other housing-related credit to people because of their disabilities.”

## KIDS WITH AUTISM, DEVELOPMENTAL DISABILITIES COMMONLY HAVE ASTHMA: STUDY

**Dallas, Texas** — A new study finds that children with autism or other developmental disabilities are at least twice likelier to have asthma than their typically developing peers.

Previous studies of asthma and autism in young children have shown mixed results. Some have found an increased co-occurrence of the two conditions, as the new study does. Others showed no correlation between them.

The study analyzed data from the 2016 and 2017 National Survey of Children's Health, focusing on over 71,000 families with children aged 17 or below that had reported on whether their child had been diagnosed with a developmental disability, including autism, and whether their child has or ever had asthma. Across all of the developmental disabilities



**A HOME FOR EVERYONE: AFFORDABLE DISABILITY HOUSING FUNDED**

## HUD AWARDS \$74 MILLION TO STATE HOUSING AGENCIES FOR AFFORDABLE DISABILITY RENTAL HOUSING

**Washington, D.C.** — The U.S. Department of Housing and Urban Development (HUD) awarded over \$74 million in grants to 12 state housing finance agencies to support affordable rental housing for extremely low-income persons with disabilities.

The awards support up to five years of assistance for about 2,400 units of rental assistance housing through HUD's Supportive Housing for Persons with Disabilities program.

The grants were awarded to state housing agencies working closely with state Medicaid and Health and Human Services counterparts to identify, refer, and conduct outreach to persons with disabilities who require long-term independent-living services.

The state housing agencies will use the funds to identify approaches to provide rental subsidies to multifamily properties with units targeted for use by extremely low-income persons with disabilities. ★

evaluated, children with at least one disability were found more likely to have asthma than children without.

## POPULAR SCREENING MAY MISTAKE INTELLECTUAL DISABILITY FOR AUTISM

**Tromsø, Norway** — The popular Modified Checklist for Autism in Toddlers (M-CHAT) software, which purportedly can test kids for autism spectrum disorder, may not be all that it's cracked up to be, according to a new study of children from Norway.

The common autism screening tool misses more than 70 percent of autistic toddlers but flags more than

80 percent of non-autistic toddlers who have intellectual disability, researchers now have found.

The study adds to a mounting body of evidence that the tool is not sufficient on its own to identify signs of autism.

Although the M-CHAT misses a majority of autistic children at 18 months, it is useful that the test picks out most children with intellectual disability, said Catherine Lord, professor of psychiatry at the University of California, Los Angeles, who was not involved in the study.

“It isn't that you shouldn't do the M-CHAT, it's just that you can't quit there,” she said. ★



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● ► HAMASPIK NEWS

# An Election Day Vote for Disability Inclusion at Hamaspik of Rockland County Day Hab

## Mock Debates, Real Ballots on Nov. 3 for Women's Division

There's a reason you'll find endlessly-creative invocations of the Stars and Stripes on political signs: Because in America, few things are considered more patriotic than going out to vote.

So this past Election Day, while the country went to vote, the Women's Division of Hamaspik of Rockland County's Day Habilitation (Day Hab) program heartily embraced that patriotism, too.

But actually going out to cast their secret ballots for President of the United States was just the start of a day marked by red, white and blue from beginning to end.

### A VOTE FOR MAINSTREAMING

"Patriotic Involvement Day" (if the *Gazette* may be so presumptuous as to invent a post-event title) was born out of the palpable spike of exhilaration in the air on Election Day, conveys Women's Division Director Mrs. Esty Schonfeld.

"The whole world was involved," she said, "so we decided to make it an activity."

Loading up the Day Hab's fleet of Transport Vans, the young women—and registered voters!—were soon en route to one of two official polling places in the immediate area.

Escorted by their trained Hamaspik Direct Support Professionals (DSPs) as their reasonable accommodations (per ADA regulations), the individuals enjoyed a full and inclusive patriotic process as do their mainstream peers.

That experience included producing ID at the welcome table, collecting a blank ballot, actually voting, and then inserting that coveted ballot into the electronic vote-counting scanner.

### SETTING UP AN ARGUMENT

Back at their Day Hab center at 221 Rt. 59 in Spring Valley, the individuals sat down to their usual nutritious lunch. And then, the Election Day theme moved once again into high gear.

For the next good hour or so, the girls and staff transformed a spacious central activity room into a veritable political convention center and polling place all rolled into one.

Bold red, white and blue bunting shortly streamed from the ceiling, while rows of chairs backed by hand-colored paper American flags stood at attention in the center of the room, awaiting a grand "debate." And at the head of the



A VOTE FOR DISABILITY INCLUSION: AS SHOWN HERE, THE DAY HAB FELT PART OF IT ALL

room, two curtained voting booths—for simplicity, one for those voting for the challenger and the other for those going for the incumbent—were ready for red-hot political action.

With their on-site Election Day "town hall" ready to go, the next order of business—a primer on the current election—got under way.

A well-spoken DSP clearly and concisely explained the concept of the democratic process: How public servants are elected by the will of the voting people, and how they win election by pledging specific actions or policies. She also briefly touched on the system's pros and cons.

### MAKING THE CASE

Following the concept of candidacy came the "candidates," of course.

Two talented DSPs assumed the roles of Joe Biden and Donald Trump—running for "president of Day Hab," of course, complete with their own ideas on how to make Day Hab better. A rollicking "debate" ensued.

For example, Mrs. Shonfeld amusingly reports, one "candidate" pledged that under her "leadership," the entire Day Hab would regularly be taken out for ice cream.

"But that's not good for your health!" the other (and clearly more health-conscious) "candidate" rebutted.

With the entire crowd virtually on the edge of their seats in excited involvement, the Manager says that she had to remind them that the "clash" unfolding before them was but a mock election.

Who won the debate? To answer that question, we go to the final part of this report.

### THE WILL OF THE PEOPLE

After the aforementioned climactic showdown, which, naturally, had covered every major issue facing the future of the Day Hab, the "Day Habbers" proceeded to realize the will of the people. It was time to vote!

The individuals first stood in a single-

file line, as they had personally witnessed at the real polling places they had been to that very morning. Upon approaching the voting booths, each was handed a ballot (lovingly drawn by hand by Day Hab DSPs), on which they could circle their preference for Mr. Biden or Mr. Trump.

Once inside the booth of their choice, the young ladies found a box with a large slot marking its top. With great exhilaration, each dropped her paper ballot through the slot—relishing their power over who would lead their program in days to come.

So who won?

Well, let's just say the results were far clearer and less contentious than the just-passed real election. Mrs. Shonfeld demurs when pressed for a clear victor, but still insists that no fraud occurred. "Let's just say that everyone went home with a smile on their face," she says.

But... who *did* win?

The Director has the perfect one-liner response: "Day Hab won. We won!" ★

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● ► AUTISM NEWS

# For Telltale Alzheimer’s Protein, Experimental Blood Test Produces High-Accuracy Results

**Lund, Sweden** — Results from thousands of study participants at Lund University in Sweden, as well as participating sites in Arizona and Colombia, found that blood testing for a protein called p-tau217 is highly accurate in determining who has Alzheimer’s and who does not.

Alzheimer’s is the most common form of dementia, typically striking seniors. In people with Alzheimer’s, proteins called *beta amyloid* and *tau* progressively build up in the brain, resulting in the loss of memory and otherwise interfering with brain function.

The illness is commonly diagnosed with a number of memory and thinking-skill tests, or by spinal fluid tests and brain scans. However, the former tests are often imprecise, while the fluid tests and brain scans are invasive and expensive—making any reliable blood test a desirable low-cost

alternative. In the current experimental test, researchers funded by the Eli Lilly drug giant looked for blood levels of p-tau217. Preliminary results, published online recently, identified people with Alzheimer’s vs. no dementia or other types of it with accuracy ranging from 89 to 98 percent.

For years, Alzheimer’s researchers had wondered why all people with Alzheimer’s had brain protein buildups—but not all people with brain protein buildups had Alzheimer’s. That mystery was solved in 2018 by researchers at the University of Texas Medical Branch at Galveston, who found that brain protein buildups are only associated with Alzheimer’s when they occur at *synapses*, or the bridges between brain cells. Brain protein buildups occurring away from synapses apparently do not cause Alzheimer’s.



MAKING HEADWAY ON ALZHEIMER’S: LUND UNIVERSITY IN SWEDEN

The impressive results of the preliminary tests may lead to the development of a simple test in about two years that ultimately can be administered at ordinary doctors’ offices. ★

HEALTHY EATING

## CARROTS

EASY

YIELDS: 4 SERVINGS

READY IN: 1:00

### Sautéed Sweet Carrots

INGREDIENTS:

- 5 large carrots, sliced
- 1 onion, diced
- 1 tbsp. oil
- 1 tbsp. honey
- 1/2 tsp salt
- 1/2 tsp black pepper

DIRECTIONS:

- Heat oil in a medium saucepan
- Sauté onion until translucent
- Stir in sliced carrots and rest of ingredients
- Cover pot; cook on low flame for 45 minutes

CHEF’S TIP:

When frying place a piece of carrot in the oil, the oil will stay nice and clear.

BENEFITS:

Carrots are considered one of the healthiest root vegetables. It is crunchy, tasty and highly nutritious. Carrots are a particularly good source of beta-carotene, fiber, vitamin K, potassium and antioxidants.

EASY

YIELDS: 4 SERVINGS

READY IN: 1:15

### Carrot Zucchini Kugel

INGREDIENTS:

- 4 large carrots
- 2 sweet potatoes
- 2 potatoes
- 3 zucchini
- 2 onions
- 3/4 cup oil
- 5 eggs
- 1 1/2 tsp salt

DIRECTIONS:

- Peel and shred carrots, sweet potatoes, potatoes and zucchini
- Dice and sauté onions
- Mix in rest of ingredients
- Pour mixture into a 9x13 baking pan
- Bake uncovered at 350° for 1 hour

MEDIUM

YIELDS: 8 SERVINGS

READY IN: 3:00

### Split Pea Carrot Soup

INGREDIENTS:

- 1 bag (16oz) green split peas
- 1 cup navy beans
- 6 carrots, sliced
- 1 tbsp. consommé soup mix
- Water

DIRECTIONS:

- Pour split peas into 8-quart pot; add 6 quarts of water
- Bring to boil; simmer for about an hour
- Add navy beans, carrots, and seasoning
- Bring to boil; lower flame to simmer for about two hours or until beans are soft
- Be sure to keep pot covered and on very low flame; stir every 15 minutes

© 2020 Recipes by Mrs. Chana G. Laufer

For all your personal cooking and catering needs, contact [chanagitty@gmail.com](mailto:chanagitty@gmail.com)



# Public Health and Policy News

“The hospitals included on this list have been recognized nationally for excellence in clinical care, patient outcomes, and staff and physician satisfaction,” according to Becker’s, and also includes “industry innovators that have sparked trends in healthcare technology, hospital management and patient satisfaction.”

Six are located in Manhattan: the Hospital for Special Surgery, Lenox Hill, Montefiore Medical Center, Mount Sinai, NewYork-Presbyterian, and NYU Langone Health. The other two are North Shore University Hospital in Manhasset and Long Island Jewish Medical Center in New Hyde Park.

## IN ENGLAND, LOSING WEIGHT PAYS—YOUR DOCTOR

**London, England** — The British Empire may long ago have lost its clout—but citizens in Britain proper apparently have lost hardly any weight. So much so, in fact, that the British government will be launching a new national anti-obesity effort—and one that will go so far as to reward physicians who get their obese patients to seriously lose weight.

That effort was outlined in a recent policy paper by the Dept. of Health and Social Care (the U.K.’s version of the U.S. HHS). Figuring prominently among its several proposed anti-obesity measures is offering doctors “incentives to ensure people who are obese are given support to lose



## LESS WEIGHT, MORE PAY: BRITISH DOCS ARE BEING PAID FOR PATIENTS' LOSSES

weight.” England’s existing Quality and Outcomes Framework (QOF), the world’s largest primary-care pay-for-performance model, will be tweaked to pay doctors more for patients hitting specific anti-obesity measures.

## ACCESS TO HEALTHCARE: AMERICA’S 20 BEST AND WORST STATES

**Washington, D.C.** — An annual analysis of American healthcare across all 50 U.S. states and territories puts New York smack at the center of it all once again.

In the yearly ranking of states by credit and finance advice firm WalletHub, the Empire State comes in at 28 in overall rank. The ranking measures states in three general categories: cost, accessibility and outcomes.

As for the ten top states and territories with the best access for healthcare, they are: Washington, D.C., Maine, North Dakota, Massachusetts, Minnesota, Kentucky, Rhode Island, Wisconsin, Pennsylvania and Vermont.

Conversely, the ten states with the worst access for healthcare are: Florida, Nevada, Utah, North Carolina, Alabama, Idaho, Texas, Virginia, Arizona and Georgia.

## FIRST FULLY TRANSPARENT SURGICAL MASK APPROVED BY FDA

**Silver Spring, Maryland** — American medical supply company ClearMask won the U.S. Food and Drug Administration (FDA)’s approval for what is being billed as the world’s first fully transparent surgical mask.

The product helps improve communication by making the mouth visible while still providing a high level of protection, according to ClearMask. The masks are especially helpful for people with hearing impairments, where lip reading is

important, the company adds. They also say that it helps in conversations between people who don’t speak the same language.

Other see-through masks are already available, but this is the first manufactured specifically for the surgical setting of the hospital operating room (OR).

## RURAL HOSPITAL CLOSURE TREND CONTINUES IN 2020

**Chapel Hill, North Carolina** — Nearly one in five Americans live in rural areas and depend on their local hospital for care.

But over the past ten years, 131 of those hospitals have closed, according to ongoing monitoring by the Chapel Hill-based Cecil G. Sheps Center for Health Services Research. Over 30 states have seen at least one rural hospital shut down since 2010—with those closures heavily clustered in the South.

In fact, 14 such hospitals have closed for good in 2020 alone, says the Sheps Center. The Center defines “closed” as no longer providing beds for patients to stay in while being treated.

According to the Center, there are “likely multiple contributing factors” behind closures, including failure to recover from the recession, population demographic trends, market trends, decreased demand for inpatient services, and new models of care.

## RESEARCH: CLINICAL TRIALS TEST DRUGS MORE ON MEN, CREATING MORE REACTIONS FOR WOMEN

**Chicago, Illinois** — Researchers at the University of Chicago and the University of California, Berkeley wanted an answer to an unusual question: Why do women have more adverse reactions to prescription drugs than men? And do they in fact have more adverse reactions?

But according to their research, women are more likely than men to experience adverse side effects from prescription drugs because drug dosages have been historically based on clinical trials involving male participants.

To arrive at that conclusion, the researchers analyzed data from thousands of medical journal articles. They identified a gender gap for 86 FDA-approved medications, including cardiovascular drugs and antidepressants. More specifically, they found that men had nearly twice fewer adverse reactions as women. ★

## EIGHT NEW YORK HOSPITALS ON PRESTIGIOUS NEW “TOP 100” LIST

**Chicago, Illinois** — On the recently-released edition of its “100 Great Hospitals in America,” authoritative industry analyst *Becker’s Healthcare* listed no less than eight Empire State facilities. Only California, at ten hospitals, had more.

Of the other 38 listed states, 19 had one each.



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# In the Know

## ALL ABOUT... JET LAG

Sources: Mayo Clinic, CDC, National Institute of General Medical Sciences (NIGMS), MedicineNet.com



“I’m feeling jet lagged!”

How many times have you heard others or even yourself saying that—even if they, or you, have not just gotten off a plane? You know: that feeling of physical exhaustion when everyone else around you is chipper and filled with spunk?

Jet lag is one of those negative side effects of otherwise-positive high technology in our lives. Airplanes allow us to physically travel enormous distances in relatively little time—replacing days, weeks or even months of travel with mere hours, but at the cost of confusing our bodies’ internal clocks about what time of day or night it actually is.

The phrase *jet lag*, which first came into usage in 1965, refers to you being in one time zone but your body (or at least your body clock) being in another—a phenomenon occurring after long-distance air travel had been a reality of modern civilization for a good decade. But less commonly, the phrase can also be used to mean any fatigue (or, conversely, alertness) that doesn’t quite jive with the current time of night or day, regardless of any recent flight.

In the meantime, here’s everything you need to know about jet lag.

### DEFINITION

Jet lag is also known as jet lag disorder, flight fatigue or even desynchronization. It is a temporary sleep problem that can affect anyone who quickly travels across multiple time zones.

The body has its own internal “clocks.” In turn, the body clocks control what are known medically as the *circadian rhythms*. (*Circadian* means “having to do with the 24-hour cycle.”) Circadian rhythms tell the body when to stay awake and when to sleep.

Jet lag happens when the body’s clock is still synced to its time zone of

departure, not to the time zone where it is currently located—thus confusing the circadian rhythms.

The more time zones crossed, the more likely a person is to feel jet lag.

In plain English, that means that if I fly from New York to London, I will feel like it’s 12:00 noon when it’s actually 4:00 p.m. That’s because London is four hours ahead of New York. So when people in London are getting tired and falling asleep because it’s 10:00 p.m. at night, I’ll be wide awake because my body clock is still on New York time, which is 6:00 p.m.

The same is true going in the opposite direction—if I fly from California to Hawaii, I’ll feel like it’s 3:00 p.m. in the afternoon when it’s actually 12:00 noon. So when people in Honolulu are still fast asleep because it’s 5:00 a.m. in the morning, I’ll wake up and get out of bed because my body clock is still on California time, which is 8:00 a.m.

### SYMPTOMS

As described above, the primary symptom of jet lag is feeling fatigue and tiredness when the local clock says you shouldn’t (or, conversely, feeling wide awake when you should be feeling tired.)

Besides not feeling or being alert, jet lag also generally makes you feel “off” and can interfere with your vacation or business trip. But there are several symptoms of jet lag, and travelers may experience more than one. These include:

- Disturbed sleep: insomnia, early waking or excessive sleepiness
- Daytime fatigue
- Difficulty concentrating or functioning at normal level
- Stomach problems, constipation or diarrhea
- A general feeling of not being well
- Mood changes

Symptoms usually occur within a day or two of travel if you’ve traveled

across at least two time zones. Symptoms are likely to be worse or last longer the more time zones you’ve crossed, especially if you travel west to east (to a destination with a later local time than your local departure time).

### Complications

Complications of jet lag are extremely rare. If a traveler has a preexisting heart condition, the stress of the disruption in circadian rhythm, combined with travel stress, high altitude, and immobility during flight may result in a heart attack. If the jet lag results in chronic sleep deprivation, stroke may occur in certain predisposed individuals.

### CAUSE

#### Disruption of circadian rhythms

Jet lag can occur anytime you cross two or more time zones. Jet lag occurs because crossing multiple time zones puts your internal clock or circadian rhythms, which regulate your sleep-wake cycle, out of sync with the time in your new locale.

For example, if you leave New York on a flight at 4:00 p.m. on Tuesday, and arrive in Paris at 7:00 a.m. Wednesday, your internal clock still thinks it’s 1:00 a.m. That means you’re ready for bed just as Parisians are waking up. And because it takes a few days for your body to adjust, your sleep-wake cycle, along with most other body functions, such as hunger and bowel habits, remains out of step with the rest of Paris.

#### Influence of sunlight

A key influence on the internal clock is sunlight. That’s because light influences the regulation of *melatonin*, a hormone that helps synchronize cells throughout the body.

Certain cells in the tissue at the back of the eye (retina) transmit the light signals to an area of the brain called the *hypothalamus*.



At night, when the light signal is low, the hypothalamus tells the pineal gland, a small organ situated in the brain, to release melatonin. During daylight hours, the opposite occurs, and the pineal gland produces very little melatonin.

### Airline cabin pressure and atmosphere

Some research shows that changes in cabin pressure and high altitudes associated with air travel may contribute to some symptoms of jet lag, regardless of travel across time zones.

### Flight dehydration

In addition, humidity levels are low in planes. If you don't drink enough water during your flight, you can get slightly dehydrated. Dehydration may also contribute to some symptoms of jet lag.

### Risk factors

Factors that increase the likelihood you'll experience jet lag include:

- Number of time zones crossed. The more time zones crossed, the likelier to get jet-lag
- Flying east, which may make it harder to "lose" time, than flying west, when you "gain" time
- Being a frequent flyer. Pilots, flight attendants and business travelers are most likely to experience jet lag.
- Being an older adult. Older adults may need more time to recover from jet lag than do younger adults.

## TREATMENT

Jet lag is temporary, so the prognosis is excellent and most people will recover within a few days.

Recovering from jet lag depends on the number of time zones crossed while traveling. In general, the body will adjust to the new time zone at the rate of one or two time zones per day. For example, if you crossed six time zones, the body will typically adjust to this time change in three to five days.

However, if you're a frequent traveler continually bothered by jet lag, your doctor may prescribe medications or light therapy.

### Medications

Nonbenzodiazepines, such as zolpidem (Ambien), eszopiclone (Lunesta) and zaleplon (Sonata)

Benzodiazepines, such as triazolam (Halcion): these medications—sometimes called sleeping pills—may help you sleep during your flight and for several nights afterward. Side effects are uncommon, but may include nausea, vomiting, amnesia, sleepwalking, confusion and morning sleepiness.

Although these medications appear to help sleep duration and quality, they

may not lessen daytime symptoms of jet lag. These medications are usually only recommended for people who haven't been helped by other treatments.

### Light therapy

Your body's internal clock or circadian rhythms are influenced by exposure to sunlight, among other factors. When you travel across time zones, your body must adjust to a new daylight schedule and reset, allowing you to fall asleep and be awake at the appropriate times.

If you're able, spend time outside in

opposite effect of bright light.

The time at which you take melatonin is important. If you're trying to reset your body clock to a later time, such as after flying east, you should take melatonin at local bedtime nightly until you have become adapted to local time. If you're trying to reset your body clock to an earlier time, such as after flying west, melatonin should be taken in the morning.

Doses as small as 0.5 milligram seem just as effective as doses of 5 milligrams or higher, although higher doses have

departure. Go to bed one hour later for several nights if you're flying west. If possible, eat meals closer to the time you'll be eating them at your destination

- Stay on your new schedule. Set your watch to the new time before you leave. Once you reach your destination, try not to sleep until the local nighttime, no matter how tired you are. Try to time your meals with local mealtimes too
- Stay hydrated. Drink plenty of water before, during and after your flight to counteract the dehydrating effects of dry cabin air. Dehydration can make jet lag symptoms worse. Avoid alcohol and caffeine, as these can dehydrate you and affect your sleep
- Try to sleep on the plane if it's nighttime at your destination. Earplugs, headphones and eye masks can help block out noise and light. If it's daytime where you're going, resist the urge to sleep

### Regulate bright light exposure

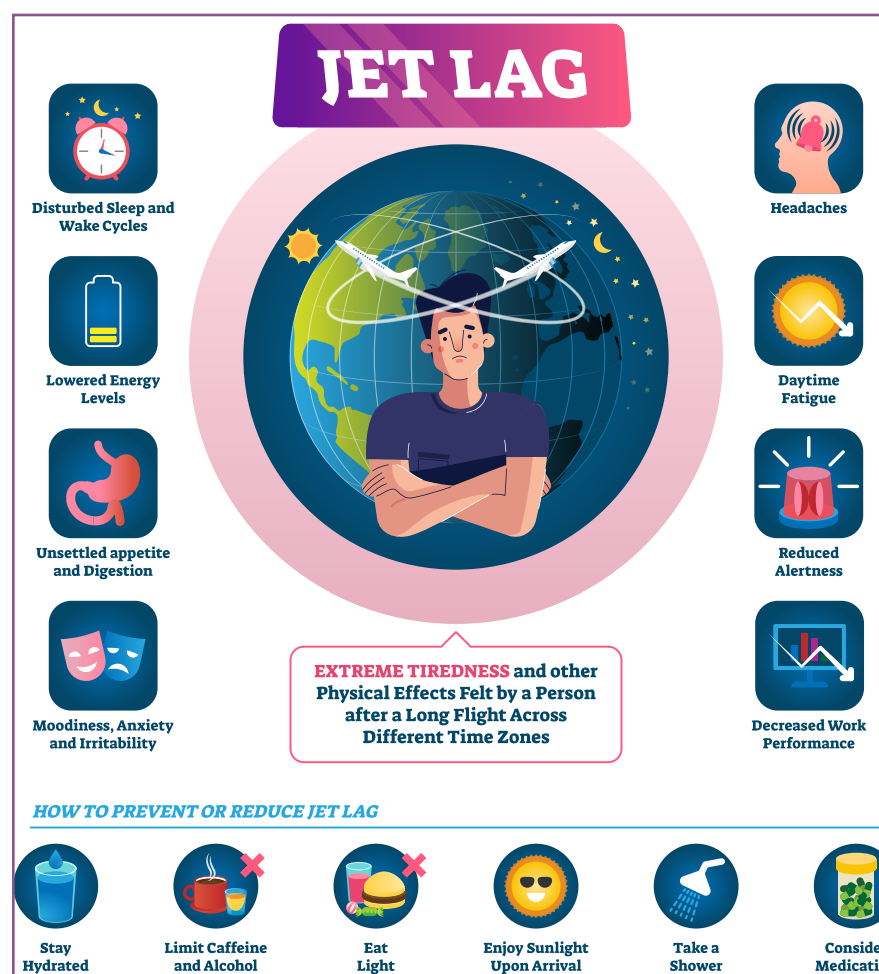
Because light exposure is one of the prime influences on the body's circadian rhythms, regulating light exposure may help you adjust to your new location

In general, exposure to light in the evening helps you adjust to a later than usual time zone (traveling westward), while exposure to morning light can help you adapt to an earlier time zone faster (traveling eastward).

The one exception is if you have traveled more than eight time zones from your original time zone, because your body might mistake early morning light for evening dusk. Your body might also mistake evening light for early morning light.

So, if you've traveled more than eight time zones to the east, wear sunglasses and avoid bright light in the morning, and then allow as much sunlight as possible in the late afternoon for the first few days in your new location.

If you have traveled west by more than eight time zones, avoid sunlight a few hours before dark for the first few days to adjust to the local time.



natural sunlight. If you can't, using light therapy can help. It involves exposure to an artificial bright light or lamp that simulates sunlight for a specific and regular amount of time when you're meant to be awake.

This may be useful, for example, if you're a business traveler and are often away from natural sunlight during the day in a new time zone. Light therapy comes in a variety of forms including a light box that sits on a table, a desk lamp that may blend in better in an office setting or a light visor that you wear on your head.

### Melatonin

As a jet lag remedy and sleep aid, melatonin has been widely studied, and it's now a commonly accepted part of effective jet lag treatment. The latest research seems to show that melatonin aids sleep during times when you wouldn't normally be resting, making it beneficial for people with jet lag.

Your body treats melatonin as a darkness signal, and generally has the

been shown by some studies to be more sleep promoting. If you use melatonin, take it 30 minutes before you plan to sleep or ask your doctor about the proper timing.

Side effects are uncommon but may include dizziness, headache, daytime sleepiness, loss of appetite, and possibly nausea and disorientation.

## PREVENTION

A few basic steps may help prevent jet lag or reduce its effects:

- Arrive early. If you have an important meeting or other event that requires you to be in top form, try to arrive a few days early to give your body a chance to adjust
- Get plenty of rest before your trip; starting out sleep-deprived makes jet lag worse
- Gradually adjust your schedule before you leave. If you're traveling east, try going to bed one hour earlier each night for a few days before your

## PROGNOSIS

About the best thing you can do is give your body the chance to adjust before your flight—and the earlier the better. The more time you give your body clock to reset to the new local time zone, the better and more refreshed—and in-sync—you'll feel while you're there. And if you do get jet lag while you're there, or expect to do so, schedule for yourself enough time for your body to adjust as well.

Regardless, with a little bit of advance planning, you'll be flying high in no time. ★



## Status Report

# Happening In Hospitals Today



**OVERCHARGED:** UPCODING COSTS A LOT

### OFFICE OF INSPECTOR GENERAL (OIG) REPORT: "UPCODING" OVERBILLED MEDICARE BY \$1 BILLION

**Washington, D.C.** — According to a report from the Office of Inspector General, hospitals nationwide overbilled Medicare by \$1 billion by incorrectly assigning diagnosis codes—a dubious practice known in the industry as “upcoding”—to inpatient hospital claims for cases of severe malnutrition.

The Office of Inspector General, a department within the gargantuan U.S. Dept. of Health and Human Services (HHS), is the federal government’s anti-fraud watchdog for its Medicaid and Medicare healthcare programs.

The OIG’s office did the review after previous claims audits found that hospitals had incorrectly billed Medicare by using several malnutrition diagnosis codes when they should have used codes for other forms of malnutrition or not used a malnutrition code at all.

### THREE HOSPITAL CIOS: REMOTE WORKING HERE TO STAY

**Chicago, Illinois** — In a recent interview by industry outlet *Becker’s Hospital News*, three U.S. hospital chief information officers (CIOs) said that what’s true for a huge amount of companies nowadays is true for hospital administrative work, too: telecommuting

is here to stay.

Remote work not only “creates flexibility for one’s workforce” but also “creates a culture of trust,” said Baystate Health (Springfield, Mass.) CIO Joel Vengco—adding, “We saw productivity levels remain the same if not improve.”

“What I envision going forward is a blend of in-office and remote work that will happen naturally,” said S. Luke’s Health System (Boise, Idaho) CIO Reid Stephan. “A blended model appeals to me because it provides the best of both worlds.”

But Michigan Medicine (Ann Arbor) CIO Dr. Andrew Rosenberg has a social take: “We are doing well now because we have the resources to work remotely,” he said, “but we will miss being around other people.”

### FOR MANY POST-COVID HOSPITALS, CHANGE COMING RIGHT AT THE FRONT DOORS—LITERALLY

**Greenville, South Carolina** — A lot has changed, and will yet change, in the immediate post-COVID-19 era—both outside of hospitals, and, obviously, inside them.

But one of the not-insignificant changes coming to many hospitals is literally right there at the front door:

Because virus-infected people need to enter through front doors to enter hospitals, many are now adapting front doors—or already have—to make it harder for virus-infected people to enter hospitals.

According to Greenville, South Carolina-based hospital contractor Gordian, these adaptations are: Clearly labeling or adding new doors (and lines) for new COVID patients far from other main entrances; installing automated temperature kiosks at those doors; and deploying fully-equipped mobile triage carts equipped with all necessary tech hookups, PPE supplies, sanitizing supplies and a Plexiglas barrier to respond to patient surges.

### OVER 100 GROUPS CALL UPON CONGRESS FOR MANDATORY INFECTION REPORTING

**Washington, D.C.** — Over 100 patient-advocacy and related hospital industry groups are now calling for a new national effort to collect data on all infections occurring in every care center: nursing homes, assisted living facilities, ambulatory surgery centers, military and VA facilities, hospices, dialysis centers—and, of course, hospitals.

“Without mandating nationally consistent data across all facilities, it

is not possible to track the hot spots with precision,” wrote one CEO, “nor is it possible for families to make truly informed decisions about which nursing home or hospital is safest for their loved ones.”

The groups are calling upon Congress to empower the U.S. Centers for Disease Control (CDC) to collect and calculate standardized infection rates for the full range of health care facilities at the national level.

### PEER GROUPS PITCHED FOR REVAMPED CMS HOSPITAL STAR RATINGS

**Baltimore, Maryland** — The federal Centers for Medicare and Medicaid Services (CMS) has run its national hospital star ratings program for several years now.

The program awards one to five stars for hospitals based on self-reported quality measures. To currently rate each hospital, CMS measures: mortality; safety of care; readmission; patient experience; effectiveness of care; timeliness of care; and efficient use of medical imaging.

Now, CMS is proposing several changes to the program, known as Hospital Compare—including *hospital peer groups*, or listing hospitals with the same rating together with each other.

It’s a change that hospitals have actually wanted for quite some time.

Peer grouping mean putting hospitals reporting the same number of measures in the same group—effectively more of an apples-to-apples comparison approach instead of a broad overview.

### NEW CEO FOR HUDSON VALLEY/ LONG ISLAND HOSPITAL GROUPS

**Hauppauge, New York** — As of 2021, the Nassau-Suffolk Hospital Council and the Northern Metropolitan Hospital Association have a new president and CEO.

Ms. Wendy Darwell, who served up to then as both organizations’ Vice President and Chief Operating Officer (COO), brings decades of healthcare policy, regulation, and industry experience to the table. She succeeds retiring healthcare executive Kevin Dahill.

Founded in the 1950s, the Nassau-Suffolk Hospital Council boasts some 14 members, including the nine-member Northwell Health system as well as NYU Winthrop Hospital. The Northern Metropolitan Hospital Association, which covers the greater Hudson Valley region north of metro New York City, includes regional anchor Westchester Medical Center and the Monsey-area’s Good Sam and Nyack Hospitals. It comprises over 20 member hospitals. ★



**CHECKING THINGS OUT:** A PATIENT SCANS IN AT THE FRONT ENTRANCE OF A HOSPITAL, USING ITS NEW HIGH-TECH TEMPERATURE SCANNING SYSTEM





# The Senior Care Gazette

News from  
the World of  
Hamaspik  
HomeCare and  
Senior Health

## Emergency Response to a Stroke: “F.A.S.T.”!

Face drooping.  
Arm weakness.  
Speech slurred.  
Time to call Hatzolah or 9-1-1!

Notice the initials of those four sentences: F.A.S.T.

“F.A.S.T.” is what you need to know when it comes to strokes.

If someone is having a stroke (a blockage or breakage of a blood vessel in the brain), what will typically happen is that the Face will droop (typically on one side), an Arm will be weak (on the same side), and the person’s Speech will be slurred—all of which means it’s Time to call an ambulance, now!

Close to 800,000 Americans suffer a stroke each year—that’s one every 40 seconds. What’s more, COVID-19 has been linked by some research with increased stroke incidence, post-virus or post-recovery. Strokes mostly strike

seniors, but are known to strike younger people, too.

### WHAT CAUSES STROKE?

A stroke happens when a blood vessel to the brain is either blocked or ruptured, starving the brain of oxygen and nutrients it needs. If deprived of oxygen for too long, it can lead to death or permanent disabilities, including partial or complete paralysis.

Most strokes are caused by blockage of blood flow to the brain—mostly when blood clots, or fat, block a blood vessel servicing the brain. These blood clots or fatty deposits result from too much LDL (“bad”) cholesterol building up in the bloodstream. Too much LDL cholesterol often results from unhealthy diet and/or lack of physical exercise, but it can be genetic, too.

Other strokes are caused by a blood

vessel bursting in the brain like a burst pipe. This is caused by high blood pressure.

### HOW DO YOU PREVENT STROKE?

Moderate exercise—or around 30 minutes a day of walking or stationary cycling, three to four times a week—is a great way to start! A healthy diet—with the goal being to lower LDL cholesterol and in turn, lower blood pressure, is also critical.

In addition, regular visits to the doctor are important to monitor blood pressure and cholesterol levels so if need be, medication can be given to lower blood pressure and cholesterol and keep you safe.

### TREATMENT

The good news is that stroke is treatable when caught early. People who

get to the hospital within four hours of symptoms will typically get a “clot-buster” drug called TPA, which reduces permanent stroke symptoms the sooner it’s given. Emergency brain surgery to physically remove blockages is also common.

After hospital discharge, if any disability has occurred, therapists will work with the patient long-term to help restore as much movement and quality of life as possible.

The bottom line is, the “FAST”—er you respond to a stroke, the faster you can get the patient into the emergency room, where he or she will be treated before the stroke can do its worst damage. ★

*If you have a family member or friend who is a stroke victim and has disabilities, call Hamaspik HomeCare Intake at 845-503-0736 to see if you are eligible for home care.*

## Staying Safe in the Cold—Inside and Out Preventing Hypothermia for Vulnerable Seniors

Come the chilly winter months, thermostats should be turned up as the outdoor temperature goes down: Keeping the house to at least 70° when it’s cold out is just the first step to preventing *hypothermia*, or life-threatening drop in body temperature.

Let’s digress about hypothermia for a second.

Normal body temperature averages 98.6°. With hypothermia, core temperature drops below 95°. Hypothermia symptoms for adults include:

- Shivering, which may stop as hypothermia progresses (shivering is actually a good sign that a person’s heat-regulation systems are still active)
- Slow, shallow breathing
- Confusion and memory loss
- Drowsiness or exhaustion
- Slurred or mumbled speech
- Loss of coordination, fumbling hands, or stumbling steps
- Slow, weak pulse

Call Hatzolah or 9-1-1 right away if you suspect hypothermia!

And now, here are the basics on keeping seniors warm and safe in the winter.

### A BODY OF EVIDENCE

Hypothermia can strike anyone, but seniors are especially vulnerable because the more one ages, the less the body is sensitive to temperature changes. Older adults also lose body heat faster than younger people. Blend those factors, and seniors can get cold indoors without even noticing. To help prevent this, keep the heat at 70° or up—and have a relative or friend visit regularly to test the temperature (and ensure the heat’s working and set at 70°).

### COLD-PROOF YOUR PERIMETER

Keeping heat in starts with keeping cold out! So: Close off unused rooms (including basements). Shut those rooms’ vents and doors. Block drafts with rolled-up towels in front of doors. Keep blinds and curtains closed at night (but open by day to allow sunlight to warm the house). Block up heat-losing gaps around windows with weather-stripping or caulk.

### THAT INNER WARMTH

Retain body heat even when indoors: Wear a sweater, socks and (non-skid grip!) slippers around the house; add

thermal underwear and even a sleeping cap to your sleepwear—and use an extra blanket if needed (take care not to overheat).

### WARD OFF THE WIND

Because winter winds can quickly lower body temperature, it’s best to just stay inside on a very windy or cold day, but if you must get out, wear loose layers of clothing (air between layers helps keep you warm), hat and scarf, and a waterproof coat or jacket when snowy. Change clothes right away

when damp or wet.

### PREVENT TRAGEDY

You may be tempted to warm your room with a space heater. But, some space heaters are fire hazards, and others can cause carbon monoxide poisoning. Also, again, seniors can get hypothermia-cold without even realizing it—so, during cold weather, make sure a family member or friend regularly checks in with our beloved senior. Finally, in case of blackout—resulting in loss of heat—our senior must move to a warm house *immediately*.

With a little precaution and prevention, we can keep our seniors safe. Let’s keep it that way! ★

**WHY STRUGGLE ALONE  
WITH CARING FOR YOUR  
ELDERLY LOVED ONES?**

*Call today to see if they qualify  
for home care!*

*Call Hamaspik HomeCare’s  
Intake Dept. directly at*

**845-503-0700**

