



# The Hamaspik Gazette

News of Hamaspik Agencies and General Health

MARCH '23 • ISSUE NO. 209



## GAZETTE SURVEY

The GAZETTE asks YOU:

### HAVE YOU EVER TRIED A LOW-CARB DIET?

A: YES; B: NO

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



## HEALTH STAT

### KEY KETO CHARACTERISTICS

The ketogenic (keto) diet is low-carb's biggest, hardest but most rewarding form. Here are some curious stats:

No. Americans on keto	4-5 percent of population
People with epilepsy on keto having less seizures	50 percent
No. quitting due to keto diet strictness	37 percent
Predicted 2027 global keto market size	\$15.6 billion

Source: HealthReporter.com



## HEALTH TIP

### SURVIVING AND THRIVING IN THE LOW-CARB LIFE

A low-carb diet can be complex—but it doesn't have to be. Here are some tips on navigating the low-carb seas: 1. Know which foods are low-carb; 2. Make weekly meal plans; 3. Prepare your weekly meals in advance; 4. Carry low-carb snacks; and 5. Exercise appropriately and regularly.

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### CATERING TO THEIR SPECIAL NEEDS FOR 22 YEARS

AT HAMASPIK ORANGE'S ACRES BRIDERHEIM RESIDENCE, RESIDENTS CELEBRATE ITS 22ND ANNIVERSARY WITH CATERED LUNCHEONS FOR EACH. AT ACRES, AS AT ALL HAMASPIK HOMES, CUSTOM-TAILORED SUPPORTS ARE THE ORDER OF THE DAY.



LOCATED AT 121 ACRES RD. ON A COZY KIRYAS JOEL LOCAL ARTERY, ACRES BRIDERHEIM HAS MAINTAINED THAT COZY ATMOSPHERE UNDER MANAGERS MR. AND MRS. LIPA LAUFER FOR OVER TWO DECADES NOW.

## TRI-COUNTY CARE NEWS

### For Critical Home Placement, Care Manager Makes the Case

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## HEALTH NEWS

### Study Links Longer Sleep to Longer, Healthier Lives in Group of Surveyed Seniors

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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.

### 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:** Full day respite program during the summer break weeks.

**Respite 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 Getaways:** A weekend retreat for individuals receiving respite services.

### 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.

### ARTICLE 16 CLINIC

Provides medical, diagnostic, and therapeutic services for persons with developmental disabilities. Such as: Physical therapy · occupational therapy · speech therapy · psychology · social work · psychiatry · nutrition

### PARENTAL RETREATS

Providing: Getaways and retreats for parents of individuals with disabilities

### EMOD, VMOD AND ASSISTIVE TECHNOLOGY

Individuals who are eligible and approved for OPWDD services who reside in non-certified home and community-based settings may qualify for AT, E-Mod, and V-Mod services funded through the OPWDD HCBS Waiver.

**Assistive Technology:** Any device, item, equipment, product, or system that is used to increase, maintain, or to improve an individual's functional capabilities and/or independence in performing activities of daily living (ADL).

**E-Mods:** Physical adaptations to an individual's home, like ramps, lifts and grab bars, needed to ensure his or her health, welfare and safety and to maximize independence and reduce need for institutionalization and/or more restrictive, costly living arrangements.

**V-Mods:** Physical adaptations to the individual's vehicle that are necessary to ensure the health, welfare, and safety of the individual or that enable the individual to function with greater independence.

## DOH

### EARLY INTERVENTION (EI)

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

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

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

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

**Ongoing Service Coordination (OSC):** Provides ongoing support for families of children enrolled in the Early Intervention Program.

### 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.

**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

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

### SOCIAL DAY PROGRAM

A comprehensive structured program providing functionally-impaired adults an array of services in a protective daytime setting. Each individual participant receives services in accordance with an Individualized Service Plan (ISP) based on a personalized assessment.

### SENIOR DINING PROGRAM

Serves balanced nutritious meals to older New Yorkers up to five days a week in a variety of settings. Eligible to seniors age 60 and up, as well as to spouses younger than 60 and individuals with disabilities residing in eligible seniors' homes..

## 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.

**Home Health and Personal Care Services (HHA/PCA):** Our PCA/HHA assist individuals with personal care needs, activities of daily living, and light housekeeping. They are extensively trained, screened and supervised by a RN.

**NHTD/TBI Home & Community Support Services (HCSS):** 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 (RN):** Providing skilled observation and assessment - care planning - paraprofessional supervision - clinical monitoring and coordination - medication management - physician - ordered nursing interventions and skilled treatments.

**HHA/PCA Training:** Free PCA/HHA training and competency testing offered for those interested in a home care career.

### CDPAS/CDPAP: CONSUMER DIRECTED PERSONAL AIDE SERVICES/PROGRAM

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.

## NYS HCR

### ACCESS TO HOME

Providing home modifications for people with physical disability.

### RESTORE

Providing emergency repairs for low incomes homeowners over the age of 60.

## US AND NYS AGRICULTURE

### CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

Provides federal reimbursements for the costs of nutritious meals and snacks which are served to eligible children and adults at participating daycare centers, after-school programs, or shelters.

## NYS ED 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

### 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.

### MAMTAKIM

A summer camp for individuals approved for OPWDD services.

## BOE

### THE HAMASPIK SCHOOL

Private chartered school for kids age 5 - 10 with developmental disabilities, taking education to heart and teaching them in a way they can learn thru an individualized plan, Including ABA, OT, PT, SPL and Multi-sensory hands-on learning.

### KINDERVILLE

A summer camp for individuals approved for OPWDD services.

## OMH

### SIPUK, ARTICLE 31 CLINIC

Mental Health-licensed behavioral health, Article 31 Clinic, servicing all ages.

## OMH/DOH

### 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 ages 0-21 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.

● ► TRI-COUNTY CARE NEWS

# Putting First Those Who Put Their Children First

*State Committee Sides with TCC Care Manager for Parental Duress, Son's Ultimate Home Placement*

"That's something that's always been my philosophy throughout the years," says Mordechai Stein, a Care Manager with Tri-County Care (TCC), speaking of speaking up for parents.

Mr. Stein, a two-decade veteran of multiple disability-industry positions, recently succeeded in securing one individual's place on the CRO Emergency Placement list, an official New York State roster of people with disabilities who need residential housing most.

He did so, he explains, by persistently and respectfully making the case that the individual's parents would inevitably collapse and become incapacitated in the face of their son's overwhelming care needs. "I think I was genuine in my advocacy," he tells the *Gazette*. "I was really taking their side and expressing my belief that they need to be taken more seriously."

That father and mother, he painstakingly reiterated, were retirement-age parents not exactly getting younger. They are also the parents of several older children long-since married and out of the house. With all but their youngest birds having flown the nest, so had that pep of the past. And with the disability in one

still at home expressing itself with increasingly adverse behaviors, the situation was a veritable disaster on the cusp of detonation.

So in several letters and phone

Those decision-makers were ultimately moved by the compelling case that parents getting on in years with slowly deteriorating health was reason enough to position the young

empowered." The young man is additionally uniquely challenged in that he is cognitively aware of his own limitations, rendering him frustrated and anxious over his own disabilities.

As for his parents, placement in a group home "will alleviate the stress of the parents," says Mr. Stein. "I've witnessed a number of times when a parent was unexpectedly incapacitated, or in one case the mother was 80 years old and passed away and the son was in his fifties," necessitating emergency placement.

While Mordechai Stein has been with TCC since early 2022, he arrived boasting years of credentials with more than one disability-related entity, including a two-year teaching stint with the Kiryas Joel Union Free School District, a school system a school system that caters to students with intellectual/developmental disabilities (I/DD).

Following that, and having since relocated to upstate Rochester, from which he works remotely, he parlays his rich advocacy experience into a position as TCC Care Manager.

Guess you don't even need to be physically present to positively change an individual's future. ★



calls to state decision-makers, Mr. Stein successfully made the case that the individual's caregivers were on the verge of care incapacity. Placement on the Certified Residential Opportunities (CRO) Emergency list requires an immediate health or safety risk to the individual, or caregivers' incapacity to care, among other factors.

man for the next healthy step up: ultimate placement in a group home.

By now being positioned to eventually getting placed in a group home, the individual will be surrounded by trained professionals, says Mr. Stein. A good group home, with good staff and good manager, will give him structure and routine, he notes. "It will make him feel more

● ► HEALTH NEWS

## Following Too Much News is Seriously Bad News for Your Overall Good Health

**Lubbock, Texas** — A scientific survey now confirms what our parents always told us: the news is bad for your health, and especially for your mental health.

And that's especially true for the people who consume news the most.

A survey of 1,100 U.S. adults had researchers asking participants whether they agreed with following statements (among others): "I become so absorbed in the news that I forget the world around me"; "my mind is frequently occupied with thoughts about the news"; "I find it difficult to stop reading or watching the news"; and, "I often do not pay attention at school or work because I am reading or watching the news."

The results of that survey, conducted by the Lubbock, Texas-based Texas Tech University College of Media & Communication, found that people who reported problematic

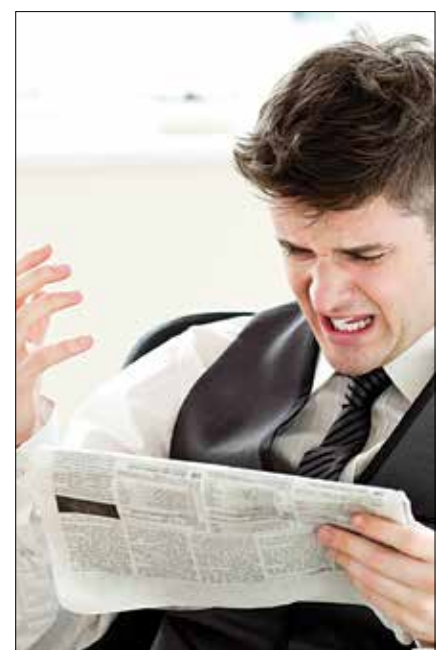
news consumption were likelier to experience mental and physical symptoms than people who invested less in the news.

In fact, 61 percent of people with severe levels of problematic news-watching reported feeling sickly "quite a bit" or "very much," in comparison to six percent of other respondents.

"For individuals who find themselves constantly thinking about and checking the news," said study author Prof. Bryan McLaughlin, "news consumption may be having a more negative impact on their well-

being than they realize."

Dr. Amanda Spray, director of NYU Langone Health's Steven A. Cohen Military Family Center in Manhattan, reports increased cases of said in recent months. "This is likely due to the multiple health and social crises of the last several years in combination with the increased access to news 24/7 from a variety of outlets," she told outlet *HealthDay News*. "Problematic news consumption can significantly contribute to feelings of depression and anxiety, which in turn can have deleterious effects on our physical health." ★



**BAD NEWS:** EXCESSIVE EXPOSURE TO MEDIA NEGATIVELY AFFECTS HEALTH, FINDS SURVEY

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# Happening in Health Today

## RESEARCH FINDS NEW GENES ASSOCIATED WITH DYSLEXIA

**Edinburgh, Scotland** — *Dyslexia* is a general term for disorders involving difficulty in learning to read or interpret words, letters, and other symbols, but which do not affect general intelligence.

According to the Yale Center for Dyslexia & Creativity, dyslexia affects 20 percent of the U.S. population. It also represent 80-90 percent of all those with learning disabilities and is the most common neurocognitive disorder.

But now, research by the University of Edinburgh—in the largest genetic study of dyslexia to date—has found 42 specific gene variants in some 50,000 adults with dyslexia. By comparison, genetic data on some one million adults without dyslexia was not found to contain those variants.

What's more, using genetic information from the study, the researchers were able to predict how well children and adults from four other studies could read.

## ROBOTIC LOWER-LEG 'EXOSKELETON' DEVICE HELPS PEOPLE WALK IN REAL-WORLD CONDITIONS

**Stanford, California** — To help people with missing or injured feet and/or lower legs, a number of research laboratories across the U.S. and world have made great strides (pun intended) in recent years. These strides have consisted of building ever-sophisticated artificial motorized limbs.

But now, Stanford University has developed what it calls the world's first *exoskeleton*, or externally attached device, that helps people with walking difficulties walk better.

The breakthrough of Stanford's foot exoskeleton is that it first uses artificial intelligence (AI) to rapidly "understand" the wearer's individual walking style—and then operate the device to let the wearer walk as naturally and normally as possible.

The portable and removable exoskeleton, which attaches to the wearer's

foot, ankle and upper calf, was described recently in the journal *Nature*.

## SCIENTISTS BETTER UNDERSTAND WHY SOME PEOPLE ATTRACT MORE MOSQUITOES

**New York, New York** — Mosquitoes detect humans by tracking CO2 exhalations, body heat, and body odor. But do some people scientifically attract more mosquitoes than others?

Researchers at the Laboratory of Neurogenetics and Behavior at New York City's Rockefeller University wanted to find out.

According to lab director Prof. Leslie Vosshall, individual odor variations connected to skin microbiota are the more likely culprit.

A recent study conducted by Vosshall and team demonstrated that fatty acids emanating from the skin may create a heady perfume that mosquitoes can't

## BRAIN RESEARCH HELPS PINPOINT WHY TODDLERS GROW OUT OF DAILY NAPPING

**Amherst, Massachusetts** — At what age toddlers grow out of daily naps varies: some stop by age three, while others are still napping right up through age five.

In a study in a special issue of *Proceedings of the National Academy of Sciences* on the subject of sleep, University of Massachusetts (UM) Amherst researchers propose a reason why.

The study, which also summarizes much of existing research on that specific subject, claims it's dependent on the *hippocampus*,

a part of the brain that plays a major role in memory processing and learning. The UM researchers hypothesize that the maturity of the hippocampus, rather than the child's chronological age, may be a key driver of his or her transition out of napping.

As the researchers analogize, the young hippocampus is a small bucket that can only hold so much before overflowing. Napping empties the bucket—and when the bucket grows, napping is no longer needed. ★



INDIVIDUAL CHILD, AND BRAIN: VARYING DEVELOPMENT EXPLAINS VARYING NAPPING

resist.

Researchers first had dozens of volunteers wear nylon sleeves for prolonged periods. They then exposed groups of mosquitoes to specific sleeves in controlled environments. They found that volunteers whose skin *sebum* (a natural moisturizer) had more *carboxylic acid* attracted more mosquitoes.

## LEPROSY BACTERIA COULD POTENTIALLY REGENERATE HUMAN LIVER, FINDS RESEARCH

**Edinburgh, Scotland** — Scientists at Scotland's University of Edinburgh have discovered that parasites associated with leprosy can reprogram cells to increase the size of a liver in adult animals without causing damage, scarring or tumors.

The findings suggest the possibility of adapting this natural process to renew aging livers and increase length of disease-free life in humans.

Working with the U.S. Dept. of Health and Human Services in Baton Rouge, Louisiana, Edinburgh researchers infected 57 armadillos—a natural host of leprosy bacteria—with the parasite.

They then compared their livers with those of uninfected armadillos and those that were found to be resistant to infection.

They found that the infected animals developed enlarged—yet healthy and unharmed—livers with the same vital components as the uninfected and resistant armadillos.

## TRIGGERED BY DRUG, IMMUNE CELLS ATTACK PROSTATE CANCER

**St. Louis, Missouri** — According to a new study in mice and human cells, a single drug compound simultaneously attacks hard-to-treat prostate cancer on several fronts.

The drug apparently works by triggering immune cells to attack, next helping them penetrate the tumor and eventually cutting off the tumor's ability to burn testosterone as fuel.

The drug may offer a promising new strategy for treating patients whose tumors don't respond to standard therapy.

Prostate cancer is notorious for eventually developing resistance to standard treatments that block or reduce testosterone, which fuels growth of these tumors.

And like many solid tumors, prostate cancer also has proven stubbornly resistant to newer immunotherapies

The research, published recently in *Nature Communications*, was conducted by the Washington University School of Medicine in St. Louis. ★

בי"ד

☎️ Caller @ 4:45 PM

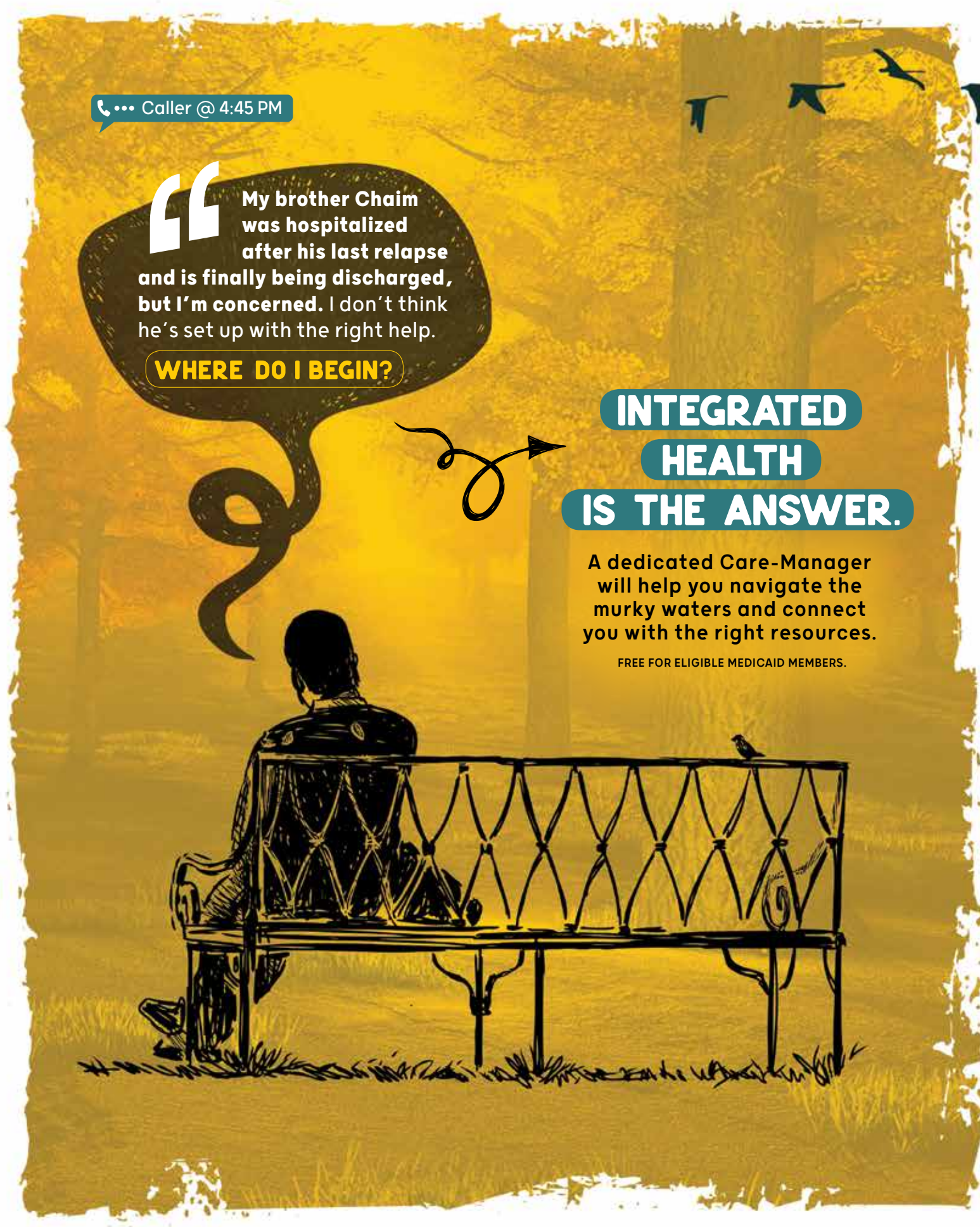
“ My brother Chaim was hospitalized after his last relapse and is finally being discharged, but I’m concerned. I don’t think he’s set up with the right help.

**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 mainstream Medicaid members, 21+ years, with chronic medical or behavioral conditions.

MEDICAL BEHAVIORAL PSYCHIATRIC ADDICTIONS

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

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

● ► HAMASPIK NEWS

# Live Pet Chickens in the Backyard of Hamaspik Rockland's Wannamaker Briderheim Residence

*Group of White and Red Roosters and Hens Hatched, Raised and Cared for by Staff, Residents; Live Poultry Create "Homey" Atmosphere at Group Home, Says Staff Member*

Joel Rottenstein is one of several trained Direct Support Professionals (DSPs) supporting residents at Hamaspik of Rockland County's Wannamaker Briderheim Individualized Residential Alternative (IRA)—home to some eight individuals with special needs.

He's also a live-animal aficionado who grew up surrounded by pets.

As a child, Mr. Rottenstein shared a home with various beasts and birds, inheriting a love for the animal kingdom he's never quite outgrown. "I also know that young adults with special needs like animals," he adds, throwing in yet another motivation for the backyard poultry mini-shelter.

And so, with a "starter kit" of several viable and freshly-laid eggs and a heated incubator, Wannamaker residents and staff excitedly stood around one late afternoon a few months ago as fluffy yellow chicks hatched out of their shells in the backyard hatchery right before their eyes.

Wannamaker's spacious and rustic backyard currently hosts a five-member flock of hens—all of the leghorn variety, two white, three red, and all determined to get up close and personal, as this *Gazette* visitor discovered to his delight.

"The individuals like them very much," Mr. Rottenstein reports—a fact that's not surprising given how human-friendly and fearless the birds seem to be. In fact, he adds, one of Wannamaker's residents is blind—and being unsighted, very "sensory."

"So from time to time I let him pet a chicken," the DSP notes. "He loves it!"

## WHAT CAN CHICKEN-KIND DO FOR YOU?

"It makes the environment very 'homey,' comments Mr. Rottenstein, asked what having live poultry pets brings to Wannamaker. "The boys love it."

To make things even more homey for the birds, the devoted DSP is in the middle of constructing a substantial outer enclosure for them, a veritable miniature bird sanctuary centered on a chicken palace. Which is not to say they're currently coop-less—a small

two story structure off to one side of the backyard, complete with interior ramp, doors, and weatherproof solid shady roof, currently gives the birds a place to roost.

When they're not safely snuggled up under their cozy roof come nightfall, the free-range birds have the full run of the rustic ample backyard. (That backyard also has an equally-rustic backyard fire pit, surrounded by natural seating consisting of the stumps of trees cut to form a lovely natural circle.)

So, how has a flock of live chickens benefited the residents of the Wannamaker Briderheim? Do you see any positive changes in them?

Yes on both, Mr. Rottenstein forthrightly replies. "A lot of time when they're in bad moods, I'll take them out and it changes their mood—nature *breingt a gitteh gefil*," he concludes, switching mid-sentence to

the Yiddish for introducing positive feelings.

In fact, there are many health benefits of pets, according to the U.S. Centers for Disease Control and Prevention (CDC). The CDC reports that studies show a health-boosting bond between humans and their animal pets, including lower blood pressure, cholesterol levels, and triglyceride levels, as well as lower feelings of loneliness, anxiety, and symptoms of PTSD.

What's more, domestic farm animals in particular bring with them demonstrated benefits of their own. According to research at the National Farm Medicine Center, a division of the Wisconsin-based Marshfield Clinic Research Institute, regular exposure to farm animals reduces rates of atopic dermatitis, eczema, allergies and asthma.

However, at the same time, the CDC also cautions backyard poultry owners against recurring outbreaks of salmonella—a bacterium that can cause serious illness if not properly acted against. The bugs are commonly carried on or in the bodies of chickens and other domestic fowl, necessitating the constant and vigilant hand-soaping that is standard operating procedure at Wannamaker. The residents will regularly wash their hands with soap and hot water after interacting with their feathered backyard friends as a routine precaution—even if they don't actually touch the birds.

So, what has been the biggest change at Wannamaker that you've seen since getting the chickens? Hearing the question, Mr. Rottenstein chuckles. "The chickens introduce action," he affably declares. "There's more excitement in the house." ★



**COOP SWEET COOP:** THE EXPANSIVE BACKYARD OF HAMASPIK OF ROCKLAND COUNTY'S WANNAMAKER BRIDERHEIM IS COMPLETE WITH NOT ONE (SHOWN HERE) BUT TWO SPACIOUS AND STURDY OUTDOOR HOMES DESIGNED SPECIFICALLY FOR OUR FEATHERED FRIENDS OF THE AVIAN VARIETY



**WELCOME TO MY WORLD:** A WINGED WANNAMAKER RESIDENT IS CASUALLY AND PERFECTLY AT HOME ON ITS SPACIOUS HOME TURF



**ALL CHICKENED OUT:** THE BIRDS ASSERT OWNERSHIP OVER THEIR HAPPILY-HAUNTED HABITAT IN THIS CORNER OF THE BACKYARD

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## Naturally De-stressing



**POOLING RESOURCES:** SHIMON (TOP) WORKS ON UPPING HIS CARDIO HEALTH AND LOWERING TENSION; YIDDIY (L) CAN'T WAIT TO JUMP IN; YOSSEI (R) PUMPS SOME IRON

## Pillar of Hope

### Pillar Support Helps Parents Find Their Way After Diagnosis

Pillar Support, a new sub-brand of Hamaspik of Kings County, has recently launched, in response to the ongoing need of support for parents whose children have just received a diagnosis of chromosomal abnormality, genetic disease, or developmental disability.

The services offered by Pillar Support, under the management of Mrs. Surie Morgenstern, and directed by Mr. Cheskel Fisher, include peer support through connections with parents of a child with a similar diagnosis, professional guidance on issues such as how to share the news with family members, medical referrals and recommendations, and volunteer rotations at a baby's bedside in the hospital, if necessary.

When a baby receives a diagnosis, the parents have so much to handle—emotionally and physically—between adjusting to the situation, caring for the baby, and often caring for large families back at home, as well. The paperwork necessary to apply for

services and government programs is a daunting and overwhelming task—and Pillar Support helps by offering a “care management” option, where a designated “care manager” will help the parents explore and apply for the various programs available to them.

The parents also receive a beautifully-designed care package, simply to give them hope and *chizuk* in this challenging situation in which they find themselves.

“Hamaspik of Kings County is dedicated to its mission of providing services, support, and hope to those going through challenges, so that they can lead a fulfilling, productive life,” says Mrs. Morgenstern. “Here, we were seeing a genuine need, where parents who were receiving a prenatal or post-birth diagnosis were completely overwhelmed in every aspect. And so, we stepped in to fill that need.” ★

To contact Pillar Support call: 718.400.8449

## Swimming and Working (Out) for a More Relaxed Future

*For Hamaspik Orange's Men's Day Hab, Weekly Exercise Trips to Private Pool and Gym at Hamaspik Resort Lends Therapeutic and Natural Stress Relief*

Every Tuesday at 11:30 a.m., a group of young men with Hamaspik of Orange County Men's Day Hab program board a bus.

Departing the upstate village of Kiryas Joel, home to Hamaspik Orange, the bus heads north on New York State's legendary Route 17 highway, pulling off shortly in the Catskills at the Hamaspik Resort in Rock Hill NY.

For decades, that corridor has been the road to summer relaxation for generations of New Yorkers. Today, it leads to relaxation and restoration of a slightly different but no less important variety—adults who populate Hamaspik Men's Day Hab program all year-round, not just in summer.

Upon arrival, the gentlemen waste no time getting straight into the pool. For the next good 60 minutes or so, the young men—with certified lifeguard on duty—enjoy splashing around in

the heated waters, or simply lounging around in the full-length deck-side pool chairs. Later, they'll also take advantage of the several pieces of exercise equipment on site. These include treadmills, stationary bicycles and even light free weights.

What do the gentlemen directly gain from this weekly workout?

“One mother called me and said that when her son goes swimming, he comes home much more relaxed,” a Day Hab staff member tells the *Gazette*. The same staffer says that while both the swimming and the cardio usage do not involve organized training or coaching, they still benefit the gentlemen. “They do what they love to do,” he says.

But what changes has he seen in his “boys”? “They release their energy,” he replies. “That's my focus. They come back relaxed because they worked out. And, they have fun!” ★



● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK

# Flying High on Wings of Inspiration

*Hamaspik Orange's Men's Day Hab Take in Machines, Message at New Jersey's Aviation Hall of Fame*

Never accept any sky as the limit. That was the credo firing two bicycle mechanics named Orville and Wilbur Wright a good century ago. It's also the credo by which the volunteer staff members of New Jersey's Aviation Hall of Fame museum lovingly curate and maintain their beloved institution—and with which they inspired none other than the Hamaspik of Orange County's Men's Day Hab program. That inspiration took flight when some three dozen gentlemen with the program, and their trained Hamaspik Direct Support Professional (DSP) staff, arrived for a reserved tour of the aviation historical repository in Teterboro, New Jersey—a mere 40 minutes from their Kiryas Joel, New York headquarters. The individuals were first greeted by one of the Hall's volunteers, most of whom are actually retired Air Force

or other military members. That guide first ushered them to the tour's first stop—a 20-minute documentary on the history of human flight, beginning with the legendary first flight of the Wright Brothers on December 17, 1903. Over the next two hours, the gentlemen were then guided from exhibit to exhibit, personally taking in the venue's collection of military and civilian airplanes, helicopters and other flying machines. What they enjoyed the most, says a staffer, was getting to sit in an authentic vintage commercial airliner—and even to sit in its cockpit and pretend to fly it. (Don't worry—the plane, even if still had its wings and engines, is inoperable.) With joyous abandon, they took turns play-acting flights all over the world. But what they gained the most, reports the DSP, was the message to never give up. ★

## Flying High



FROM DAYS GONE BY, LOOKING FORWARD: THE GROUP EXITS A VINTAGE AIRLINER (TOP); AVRUMI STANDS BY HISTORY (L); STAFFER MOSHE BERKOWITZ AND YIDEL ENJOY A TRIP

# Hamaspik of Rockland County's Yeshiva Shaarei Binah Gets Fish Tank

*Large freshwater system prompts responsibility, diligent care of delicate aquatic creatures by high-functioning individuals*

At Shaarei Binah, something fishy's definitely going on. For the past few months, the Yeshiva Shaarei Binah program for high-functioning young men at Hamaspik of Rockland County has had an active and well-maintained fish tank on its premises. The idea of getting a fish tank was initially conjured up jointly by Shaarei Binah Director Chezky Szabovitz. The fish-tank program consists of several things. Every two weeks, Mr. Rich Moon of Rockland Aquarium Services pays a visit to both service the tank and give the boys a short lesson on aquarium and fish care. That lesson consists of how to feed the fish the right amount (not too much or too little) and how to put droplets of medication and other substances in the water to maintain the health of the fish.

Most importantly, at each visit, the students are given "homework" to do every day or so to care for the fish and the tank. For example, Shaya's daily job is to feed the fish each morning, Shimmy's job is to turn off the lights by day's end, and a third student is charged with adding or changing the tank's water as needed, or ensuring the water's not too hot or cold. Why does Shaarei Binah need a fish tank? What does it do for the program? "It's not exactly animal therapy, but it's in that family," offers Mr. Szabovitz. "It's a nice relaxing thing. They watch it during breakfast or lunch." But then he elaborates that it gives them another activity or homework assignment of sorts besides making lunch. "Now they have something else to do and *be responsible for*," he says. ★

## Something Fishy's Going On



SCHOOLED IN FISH: THE YESHIVAH'S STUDENTS LISTEN INTENTLY AS MR. MOON BREAKS DOWN MAINTENANCE BASICS (TOP); SHAYA PROUDLY OBSERVES HIS CHARGES (L) WHILE ANOTHER STUDENT LENDS A HAND TO MAINTAIN THE WATER'S VITAL CHEMICAL LEVELS (R)

# The Autism Update

News and developments from the world of research and advocacy

## CHILDREN WITH AUTISM HAVE GREATER GENETIC RISK OF SLEEP PROBLEMS: STUDY

**Montreal, Canada** — Research by Montreal, Quebec's McGill University finds that children with autism are likelier to harbor rare variations in genes that are linked to circadian rhythms and insomnia. The findings support a genetic link between sleep, circadian rhythms and autism.

Most children with autism have trouble sleeping, which may exacerbate other challenges associated with the condition. Sleep problems hint at disruptions in the circadian clock, a cellular timer that keeps cells in sync with the day-night cycle.

Previous studies have highlighted a genetic basis for sleep disruption in autism: Mice missing *BMAL1*, a core circadian clock gene, have atypical social behaviors and motor difficulties, for example. And people with autism—even those who sleep well—are twice likelier than people without autism to carry alterations in genes that control the circadian clock.

## RESEARCHERS DISCOVER KEY PROTEIN INVOLVED IN BRAIN-CELL COMMUNICATIONS, DISORDERS

**Portland, Oregon** — A protein known as *synaptotagmin-3* (*SYT3*) helps the brain restock its supply of neurotransmitters, chemicals that carry signals between neurons.

While brain scientists have long known such a protein existed, it was only recently that scientists found it.

Writing in the journal *Nature*, researchers at Oregon Health & Science University explain the microscopic spaces between neurons (nerve cells) are known as *synapses*—and that *SYT3* helps the brain send a broad range of signals across those synapses.

“When brain cells are active, they release neurotransmitters to communicate with their neighbors,” wrote senior author Skyler Jackman, Ph.D. “If a cell is very active it can exhaust its supply of neurotransmitters, which can cause a breakdown.”

“Imbalances in neurotransmitter release are the underlying causes for many neurological disorders,” added lead author Dennis Weingarten, Ph.D.

## NEW RESEARCH SAYS BRAIN FUNCTION AFFECTED BY ITS PHYSICAL SHAPE, CHALLENGING ORTHODOXY



**BRAIN MATTER MATTERS:** ONGOING RESEARCH ON, AND TREATMENT OF, THE HUMAN BRAIN MAY CHANGE IF NEW RESEARCH BECOMES MAINSTREAM MEDICINE. THE RESEARCH SAYS THAT BRAIN FUNCTION ALSO INVOLVES PHYSICAL PROPERTIES, NOT JUST NERVE SIGNALS

**Melbourne, Australia** — According to Dr. James Pang, a research fellow at Monash University's Turner Institute for Brain and Mental Health, the “physical geometry” of the brain “fundamentally constrains” its “the functional organization.”

In plain English, that means that

the physical thickness, spacing, weight and flexibility of the brain matter, down to its tiniest individual nerve cells, have a huge part in how the brain works.

Medical orthodoxy has long held that brain function is primarily driven by tiny electric signals between nerve cells—of which

untold billions occur regularly each day.

“Just as the ... frequencies of a violin string are determined by its length, density, and tension,” Dr. Pang's study says, the functions of the brain “are determined by its structural—physical, geometric, and anatomical—properties.” ★

## BRAIN ENLARGEMENT IN AUTISM MAY BE DRIVEN BY TOO MANY ‘DON'T EAT ME’ CELL SIGNALS

**Boston, Massachusetts** — According to new research by Harvard Medical School, a ‘don't eat me’ cell signal called *CD47* contributes to brain overgrowth in people with unexplained autism.

In earlier research, Harvard found that overexpression of *CD47*, which prevents immune cells called *microglia* from pruning neurons during development, leads to overgrowth in certain cells in people with macrocephaly (enlarged head). Those cells also overexpress *calreticulin*, an ‘eat me’ signal, but *CD47* overpowers it; blocking *CD47* corrects the imbalance and curbs neuron overgrowth, the Harvard team found.

Their new study extends those to people whose autism has no known genetic cause. Researchers are now trying to better understand whether there are common mechanisms shared between genetic and unknown-causes forms of autism with macrocephaly.

## SHARED BRAIN STRUCTURE, CONNECTIVITY HINT AT AUTISM SUBGROUPS

**Toronto, Ontario** — Subgrouping mouse models of autism by brain structure or connectivity can reveal other commonalities among people who have the condition, finds new research.

Researchers at Toronto's Mouse Imaging Center linked nine mouse models of rare genetic conditions to better-known forms of autism, based on neuroanatomy, or anatomical structure of nerve cells. Similar pathways may underlie these different genetic conditions, they say.

Researchers took MRI scans of 150 different mouse models of autism, evaluating how different regions of the animals' brains vary in volume. Then they grouped the models, including the nine new ones, into groups with similar neuroanatomy.

The clusters revealed relationships across autism-linked genes. For example, mice with mutations in the gene *YPEL2*, also called DiGeorge syndrome-related protein, were similar to mice with a deletion in the 22q11.2 chromosomal region.

## RESEARCHERS ISOLATE BRAIN AREAS LESS-ACTIVE DURING NON-EYE CONTACT IN PEOPLE WITH AUTISM

**New Haven, Connecticut** — What is happening in the brain when individuals with autism fail to make eye contact with others? Equally importantly, what is *not* happening?

Reluctance to make eye contact during natural interactions is a central diagnostic criterion for autism spectrum disorder (ASD).

But science still doesn't fully know what the underlying brain activities for eye contact in ASD are.

To help pin those down, Yale researchers used various high-tech scanning devices—brain, eye-movement, and pupil dilation—on live volunteers, both with and without autism, as they naturally interacted with others.

The researchers found of hypoactivity, or lower levels of electrical signals in the brain, in the *right dorsal parietal* and *frontal* areas of the brain in people with ASD. Those volunteers also demonstrated reduced sensitivity to live faces. ★

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► HAMASPIK NEWS

# Opening Doors: Hamaspik of Rockland County Formally Dedicates New Multi-Purpose Day Program Center

*With Ceremonial Placement of Mezuzahs on Doorposts, Agency Officially Inaugurates New Complex in Upstate Chestnut Ridge, New York*



**HALL OF SERVICE(S):** THESE PORTRAIT FRAMES PROMINENTLY DOMINATE THE NEW CENTER'S LOBBY, PROUDLY BROADCASTING ITS OFFERINGS



**PUT IN PLACE:** MR. FREUND SETS A MEZUZAH

The air was buoyant and the atmosphere was upbeat as Hamaspik of Rockland County Exec. Director Joel Freund was honored by his staff with the ceremonial placement of the first mezuzah at 664 Chestnut Ridge Rd.

That address, centrally located in the Monsey neighborhood of Chestnut Ridge, is now home to one of Hamaspik's newest multipurpose properties. A former office facility, it was revamped in recent months after purchase by

Hamaspik and transformed into a state-of-the-art Day Services center.

After Mr. Freund placed the initial mezuzah, hardworking Hamaspik of Rockland County Director of Development Nathan Fried, backed by Maintenance Manager Yosef Fried, were seen shuttling about the premises handing brand-new mezuzos to various staff. Those staff members were honored with the placement of additional mezuzos on the doorframes of the complex's numerous rooms across two floors.

Hamaspik of Rockland County has long since provided its communities a wealth of services designed to support individuals with intellectual/developmental disability (I/DD).

A good chunk of those are day-based—meaning, operating during daylight hours. They give individuals with special needs of all ages a variety of programs and activities that both improve their daily lives, boost their quality of life, and—of equal if not more importance—supporting their too-often-beleaguered parents. Said parents often must contend not just with the demands of special-needs parenting, but also with the legitimate and too-often-overlooked demands of their other children.

Across the premises, a rich range of brightly-decorated activity rooms of several sizes have been placed at the programs' disposal. All with freshly-painted walls and floors lain with serviceable, colorful linoleum or wooden slats, each is a veritable

beehive of growth and stimulation during program hours.

On the first floor, a marble-treated lobby greets visitors. An elegant front desk, straight out of contemporary corporate Manhattan, dominates the area, making arrivals feel they are at an establishment that takes what it does seriously—as Hamaspik in fact does.

Beyond the front desk to one side is a door leading to the rooms used by the Bonanza and Stars Shtick program. To the other side is a short hallway taking guests to the building's elevator—and decorated most impressively with framed posters proudly displaying the programs that the facility hosts.

The Stars Shtick area features shelves laden with the wedding-fun accessories and gear that make that program a perennial community draw. Flowery arches, heart-shaped balloons on sticks, hula hoops and more are all available for rent, and a customer-service counter on the other side of the room gives Bonanza participants the professional setting from which to courteously and efficiently handle all Bonanza business.

Behind the Bonanza room is a large multi-purpose activity room used by Bonanza and other on-site programs for a wealth of hands-on work. Off of that is a state-of-the-art office, replete with several computerized workstations. Here is where Bonanza participants spend a good part of each day, doing respectable work and earning respectable pay.

CONTINUED ON PAGE 13 >>

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## ● ► HAMASPIK NEWS

### Day Program

<< CONTINUED FROM PAGE 12

Up on the second floor, accessible by elevator and staircases, is a neat long hallway flanked by several glass-sporting doors. Beyond each of those numerous doors is an activity room, each with its own square footage, decorative theme and personality. In these is where most of the daily action takes place.

The hallways also features access to a large L-shaped multipurpose room that supports the programs of the second floor.

There is also a substantial kitchen/cafeteria nooks to churn out all the foodstuffs warranted by the numerous onsite programs, as well as a conference room for staff.

Behind the sizable structure is a huge parking lot, allowing ample room for staff and program vehicles to easily arrive and depart.

In fact, the new location will host five programs, all geared towards women and girls in the greater community with a wide range of higher-functioning support and service needs. These programs, as elegantly and artistically broadcast from the aforementioned picture frames, are: STARS, Strive, Upclub, Neshima and Bonanza. All five have since moved out of their previous locations to take up residence in the seamless, comprehensive new center.

The STARS program is a seminary-style program for young women in the community on the highest level of function, most of whom are also graduates of mainstream high schools. It provides high-level vocational



**OPERATIONS-READY:** AS GUESTS TOUR THE SITE, A RECEPTIONIST'S POST STANDS BY TO SERVE

training and job coaching, in separate day and evening programs.

Strive is a transitional classroom-style day program for newly-graduated women ages 18-24. It actually breaks down into two groups, Strive I and Strive II, servicing individuals under the directorship of Ms. Steif and her staff.

Upclub is Hamaspiik's long-running After-School Respite (ASR) program. The mission of the ASR program is precisely what its name implies: its purpose is to give after-school breaks to parents of children with special needs. Instead of coming straight home from school, such children first go to a special program every school-day afternoon—including when school is out for the summer, or on Sundays and legal holidays. At ASR, they spend a good few hours—and during the summer, the bulk of the day—being watched and cared for. They are likewise served fresh and nutritious meals as well as healthy fun, games and

stimulation.

Neshima is a full-fledged seminary-style intensive learning and study program. While similar to STARS, its target audience is for girls from the mainstream—on an even higher level of function than the highest-functioning girls who comprise the students of the STARS program. They learn more simply because they are capable of learning more.

Bonanza is the next level up of women's programs to be offered at the site by Hamaspiik of Rockland County. In fact, it was the first one to move onto the premises. Bonanza endeavors to strike a fine balance between community awareness of its existence on the one hand and delicate, diplomatic and respectful sensitivity towards its participants on the other hand. This is because Bonanza services and supports young women who are perfectly typical but for various behavioral or functional diagnoses. The Bonanza program has



**A GOOD SPACE:** A NEW ROOM AT THE READY

them gainfully performing paid clerical work for Hamaspiik, as well as running Hamaspiik's popular STARS Shtick wedding-accessory free-loan program.

The five programs are moving into the new location because they outgrew their old locations.

The single new location allows bussing, food and staff to converge upon one convenient location, explains Day Services Oversight Manager Mrs. Esty Schonfeld—and, she adds, it makes it easier for her to have everything in one place!

New staff will also be hired as the programs grow in their central new location.

Will any new programs be opened at the new location that didn't exist before—meaning, not moving from previous locations but being created at the new location?

Constant improvement is part and parcel of Hamaspiik's ongoing growth, says Mrs. Schonfeld. "The sky is the limit!" ★

## ● ► HEALTH NEWS

### Score One for Common Sense: Post-Surgical Patients do Better When Caregivers Can Constantly See Them From Their Desks

**Ann Arbor, Michigan** — Data collected by a single study at a single hospital sure seems to say what pretty much everyone's known all along: If a post-surgery patient is given a hospital room with a direct line of sight to the closest nurses station, that patient is likelier to fully recover.

The study—really a data review—looked at records for some 4,000 surgery patients at the Ann Arbor, Michigan-based University of Michigan (UM) Hospital between 2016 and 2019. Those patients had been admitted for 13 different high-risk surgical procedures, including kidney transplant or colectomy (colon removal).

Combing through those records, researchers grouped patients by what



**IN SIGHT, IN MIND:** POST-OP PATIENTS DO BETTER WHEN NURSES CAN SEE THEM, SAYS STUDY

kind of room each had: Did it have an outside window? Were patients sole occupants, or did they have roommates? How far away was the nearest nursing

station? And most importantly, did the assigned *clinician* (direct medical caregiver) have a constant direct line of sight to the patient?

The study found that patients in rooms without a window recorded a 20-percent higher rate of mortality over patients in rooms with windows.

"This investigation provided evidence that patients had differential outcomes across room design features, when accounting for clinical risk, and warrants further investigation for how hospital design may be influencing outcomes," said Dr. Mitchell Mead, a "Health Design Scholar" at (UM) Hospital's Institute for Healthcare Policy and Innovation.

Study co-author Andrew Ibrahim, M.D said in a statement that further research into hospital design features and patient outcomes could help the industry "get a much better return on what we build." ★

The vote made the Golden State the largest U.S. state to ban all flavored tobacco products, primarily the vaping devices and accessories all too popular, unfortunately, among teens. The products are already illegal in Rhode Island, New Jersey, and Massachusetts.

**WORKPLACES TAKE TOLLS ON AMERICANS' HEALTH, SAYS NEW SURGEON GENERAL REPORT**

**Washington, D.C.** — According to *The U.S. Surgeon General's Framework for Workplace Mental Health & Well-Being*, your job can be hazardous to your health.

But not to worry—the recently-released report has five detailed “Essentials” that, it believes, can turn America’s contemporary workplaces into “engines of mental health and well-being.”

Those sweeping social changes, posits Surgeon General Dr. Vivek Murthy, consist of “Protection from Harm,” “Connection & Community,” “Work-Life Harmony,” “Mattering at Work,” and “Opportunity for Growth”—all with an eye towards countering various negative statistical trends. Said trend include excessive work hours, unpaid leave, and chronic stress.

“It will be worth” all the organic change, wrote Dr. Murthy, “because the benefits will accrue for workers and organizations alike.”

**MEDICAID ORDERED TO TEST PAYMENT MODELS THAT TACKLE HIGH DRUG PRICES**

**Washington, D.C.** — An executive order issued by the White House called upon on the U.S. Dept. of Health and Human Services (HHS) to report on new payment models that improve access to innovative drugs and lower costs for people getting Medicare and Medicaid.



**CUTS: MEDICAID TO LOOK AT DRUG PRICES**

“Too many Americans face challenges paying for prescription drugs,” the order said. “On average, Americans pay two to three times as much as people in other countries for prescription drugs, and one in four Americans who take prescription drugs struggle to afford their medications.”

The order applies to models that can be tested under HHS’ Center for Medicare and Medicaid Innovation.

The center has been working to incorporate drug price reform in some of its models. For example, CMMI rolled out the Enhancing Oncology Model back in June of 2022, which seeks to steer oncology practices towards more high-value drugs and not necessarily the most expensive pharmaceuticals.

**MEDICARE ADVANTAGE HOME BENEFITS SURGE IN POPULARITY: REPORT**

**Washington, D.C.** — In-home services are surging in popularity, says a new report commissioned by the Washington-based Better Medicare Alliance.

The report, penned by the Seattle-based Milliman consulting firm, finds that more Medicare Advantage (MA) plans are offering supplemental benefits aimed at in-home services for 2023. The report cites growing volume of care outside of healthcare facilities as the primary driver for demand for said services.

“As seniors contend with rising household costs, their ability to access more benefits that are built into the affordable cost of their Medicare Advantage plan is welcome news,” said Mary Beth Donahue, president and CEO of the Better Medicare Alliance, in a statement.

According to Milliman’s report, the number of U.S. MA plans offering at least one of five expanded supplemental benefits increased from 824 in 2022 to 1,111 in 2023, a 35-percent jump.

**DEFYING CONVENTIONAL WISDOM, REPORT FINDS U.S. HOSPITAL SAFETY IMPROVED LAST DECADE**

**Washington, D.C.** — Healthcare-associated infections (HAIs), sometimes also referred to as *hospital-acquired infections*, have long been the bane of modern U.S. hospital medicine, with thousands of patients dying of such “superbugs” like drug-resistant *Enterobacter* and other nasties.

And all that’s not even counting other hospital incidents that cause patient injury or death.

But now, a report by the Washington, D.C.-based Leapfrog Group hospital watchdog says, perhaps counter-intuitively, that things actually have improved in the last decade.

According to Leapfrog, U.S. hospitals have collectively improved patient safety measures in the last decade—primarily reducing medical errors and HAIs. “A consistent pattern of better performance” was found across ten measures continuously reported by hospitals nationwide as far back as 2009, the report said.

**HEALTH INSURANCE INSUFFICIENT FOR 34 PERCENT OF U.S. CHILDREN, FINDS RESEARCH**

**Washington, D.C.** — Despite increasing availability of health insurance for the U.S. population, the percentage of American children with inadequate health coverage is now 34 percent.

That number, based on new research, is an increase of 3.4 percent, over the last reported figure of 30.6 from the yearly National Survey of Children’s Health.

According to the research, an additional 2.4 million children living in the U.S. do not have satisfactory healthcare coverage.

Researchers found that this insufficient insurance coverage was mainly driven by increased rates of inadequate insurance.

Researchers found that families of children with special health care needs and private insurance were hit particularly hard. The research defined “underinsured” as the absence of continuous and adequate health insurance, with “adequate” meaning that insurance usually or always met the child’s needs. ★

**Public Health and Policy News**

**BILLIONAIRE FORMER NEW YORK MAYOR BLOOMBERG BANS FLAVORED TOBACCO IN CALIFORNIA**

**Sacramento, California** — Well, not literally—but close enough. A massive PR campaign almost-exclusively funded by Michael R. Bloomberg—billionaire finance tycoon, former New York City Mayor and public-health activist—saw California voters approve their state’s Proposition 31.

According to media reports, Bloomberg, contributed nearly all of the \$47 million spent by the Committee to Protect California Kids, which led the Yes on 31 Campaign. The *East Bay Times* estimated it would take over 1,900 years of full-time work for the average American worker to earn as much as Bloomberg spent promoting Prop 31.



**WHAT BIG CORPORATE SOCIAL ACTIVISM (DOESN'T) TASTE LIKE: CALIFORNIA BANNED THESE FLAVORED VAPES THANKS TO MIKE BLOOMBERG**

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# In the Know

## ALL ABOUT... CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Source: Mayo Clinic

If there's one disease with a smoking gun of a cause, then chronic obstructive pulmonary disease (COPD) is it.

That's because most cases of COPD are caused by smoking—cigarettes, that is.

But COPD, which in plain English translates to “problems breathing because of long-term health problems,” doesn't just affect smokers, although most COPD patients are current or former tobacco users. It can affect anyone exposed over years to irritating gases or particulate matter—which mostly comes from cigarette smoke.

Although COPD is a progressive disease that gets worse over time, COPD is treatable. With proper management, most people with COPD can achieve good symptom control and quality of life, as well as reduced risk of other associated conditions.

Read on to clear the air on COPD and be... in the know.

### DEFINITION

Chronic obstructive pulmonary disease (COPD) is a chronic inflammatory lung disease that causes obstructed airflow from the lungs. People with COPD are at increased risk of developing heart disease, lung cancer and a variety of other conditions.

More specifically, chronic bronchitis is inflammation of the lining of the bronchial tubes, which carry air to and from the air sacs (alveoli) of the lungs. It's characterized by daily cough and mucus (sputum) production.

Air travels down the windpipe (trachea) and into the lungs through two large tubes (bronchi). Inside the lungs, these tubes divide many times—like the branches of a tree—into many smaller tubes (bronchioles) that end in clusters of tiny air sacs (alveoli).

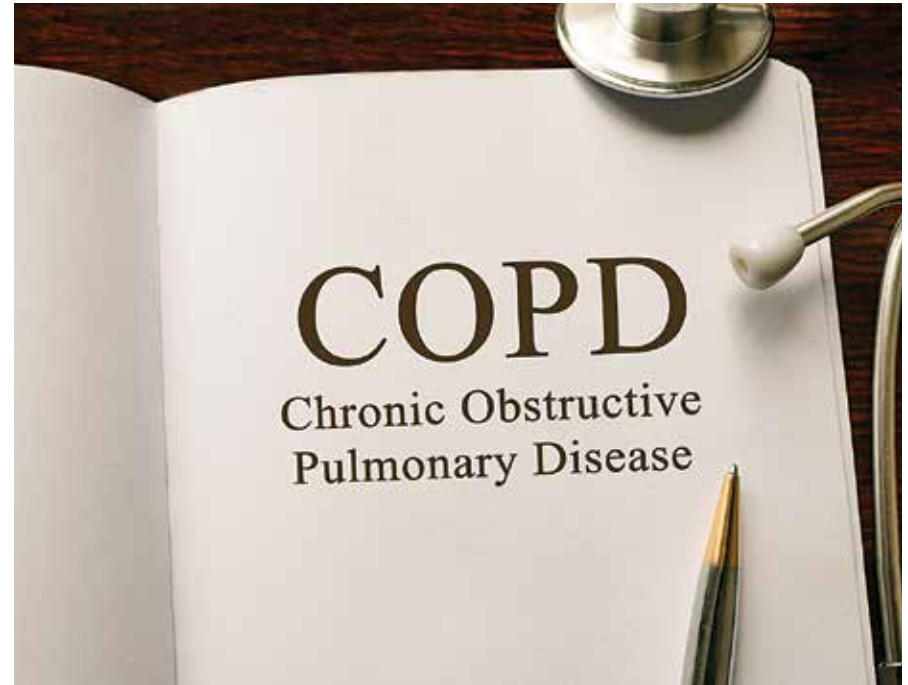
The air sacs have very thin walls full of tiny blood vessels (capillaries). The oxygen in the air that is inhaled passes into these blood vessels and enters your bloodstream. At the same time, carbon dioxide—a gas that is a waste product of metabolism—is exhaled.

The lungs rely on the natural elasticity of the bronchial tubes and air sacs to force air out of the body. But with COPD, they are caused to lose their elasticity and over-expand, which leaves some air trapped in the lungs when the person exhales.

### SYMPTOMS

Breathing difficulty, cough, mucus (sputum) production and wheezing are the primary symptoms of COPD.

Symptoms often don't appear until significant lung damage has occurred, and they usually worsen over time,



particularly if smoking exposure continues.

Signs and symptoms of COPD may include:

- Shortness of breath, especially during physical activities
- Wheezing
- Chest tightness
- A chronic cough that may produce mucus (sputum) that may be clear, white, yellow or greenish
- Frequent respiratory infections
- Lack of energy
- Unintended weight loss (in later stages)
- Swelling in ankles, feet or legs

People with COPD are also likely to experience episodes called *exacerbations*, during which symptoms worsen and persist for at least several days.

### DIAGNOSIS

Because many people who have COPD may not be diagnosed until the disease is advanced, COPD is actually often misdiagnosed.

To diagnose COPD, the doctor will first review signs and symptoms, discuss family and medical history, and discuss any exposure to lung irritants—especially cigarette smoke.

The doctor may also order several tests. These may include:

Lung (pulmonary) function tests. These tests measure the amount of air you can inhale and exhale, and whether your lungs deliver enough oxygen to your blood. During the most common test, called *spirometry*, you blow into a large tube connected to a small machine to measure how much air your lungs can hold and how fast you can blow the air out of your lungs. Other tests include measurement of lung volumes and diffusing capacity, six-minute walk test, and pulse oximetry.

- Chest X-ray. A chest X-ray can show emphysema, one of the main causes

of COPD. An X-ray can also rule out other lung problems or heart failure.

- CT scan. A CT scan of your lungs can help detect emphysema and help determine if you might benefit from surgery for COPD. These scans can also be used to screen for lung cancer.
- Arterial blood gas analysis. This blood test measures how well your lungs are bringing oxygen into your blood and removing carbon dioxide.
- Laboratory tests. Lab tests aren't used to diagnose COPD, but they may be used to determine the cause of your symptoms or rule out other conditions. For example, lab tests may be used to determine if you have the genetic disorder alpha-1-antitrypsin deficiency, which may be the cause of COPD in some people. This test may be done if you have a family history of COPD and develop COPD at a young age.

### CAUSES

The main cause of COPD in developed countries is tobacco smoking. In the developing world, COPD often occurs in people exposed to fumes from burning fuel for cooking and heating in poorly ventilated homes.

Only some chronic smokers develop clinically apparent COPD, although many smokers with long smoking histories may develop reduced lung function. Some smokers develop less common lung conditions. They may be misdiagnosed as having COPD until a more thorough evaluation is performed.

#### Causes of airway obstruction

- Emphysema. This lung disease causes destruction of the fragile walls and elastic fibers of the alveoli. Small airways collapse when the patient exhales, impairing airflow out of the lungs.



- Chronic bronchitis. In this condition, the bronchial tubes become inflamed and narrowed and the lungs produce more mucus, which can further block the narrowed tubes. The person develops a chronic cough trying to clear the airways.
- Cigarette smoke and other irritants. In the vast majority of people with COPD, the lung damage that leads to COPD is caused by long-term cigarette smoking. But there are likely other factors at play in the development of COPD, such as a genetic susceptibility to the disease, because not all smokers develop COPD.
- Other irritants. Cigar smoke, secondhand smoke, pipe smoke, air pollution, and workplace exposure to dust, smoke or fumes can also cause COPD.

#### Alpha-1-antitrypsin deficiency

In about one percent of people with COPD, the disease results from a genetic disorder that causes low levels of a protein called *alpha-1-antitrypsin* (AAT). This protein is manufactured by the liver and secreted into the bloodstream to help protect the lungs. Alpha-1-antitrypsin deficiency can cause liver disease, lung disease or both.

For adults with COPD related to AAT deficiency, treatment options include those used for people with more-common types of COPD. Also, some people can be treated by replacing the missing AAT protein, which may prevent further damage to the lungs.

#### Risk factors for COPD

- Exposure to tobacco smoke. The most significant risk factor for COPD is long-term cigarette smoking. The more years one smokes and the more packs smoked, the greater the risk. Pipe smokers, cigar smokers and marijuana smokers also may be at risk, as well as people exposed to large amounts of secondhand smoke.
- People with asthma. This chronic inflammatory airway disease may be a risk factor for developing COPD. The combination of asthma and smoking increases the risk of COPD even more.
- Occupational exposure to dusts and chemicals. Long-term exposure to chemical fumes, vapors and dusts in the workplace can irritate and inflame the lungs.
- Exposure to fumes from burning fuel. In the developing world, people exposed to fumes from burning fuel for cooking and heating in poorly ventilated homes are at higher risk of developing COPD.
- Genetics. The uncommon genetic

disorder alpha-1-antitrypsin deficiency is the cause of some cases of COPD. Other genetic factors likely make certain smokers more susceptible to the disease.

#### Complications

- Respiratory infections. People with COPD are more likely to catch colds, the flu and pneumonia. Any respiratory infection can make it much more difficult to breathe and could cause further damage to lung tissue.
- Heart problems. For reasons that aren't fully understood, COPD can increase the risk of heart disease, including heart attack
- Lung cancer. People with COPD have a higher risk of developing lung cancer.
- High blood pressure in lung arteries. COPD may cause high blood pressure in the arteries that bring blood to the lungs (pulmonary hypertension).
- Depression. Difficulty breathing can keep people from doing activities that they enjoy. And dealing with serious illness can contribute to the development of depression.

#### TREATMENT

See a doctor if symptoms are not improving with treatment or getting worse, or if you notice symptoms of an infection, such as fever or a change in sputum.

Seek immediate medical care if you can't catch your breath, if you experience severe blueness of your lips or fingernail beds (cyanosis) or a rapid heartbeat, or if you feel foggy and have trouble concentrating.

Many people with COPD have mild forms of the disease for which little therapy is needed other than smoking cessation. Even for more advanced stages of disease, effective therapy is available that can control symptoms, slow progression, reduce your risk of complications and exacerbations, and improve one's ability to lead an active life.

#### Quitting smoking

The most essential step in any treatment plan for COPD is to quit all smoking. Stopping smoking can keep COPD from getting worse and reducing your ability to breathe. But quitting smoking isn't easy. And this task may seem particularly daunting if you've tried to quit and have been unsuccessful.

Talk to your doctor about nicotine replacement products and medications that might help, as well as how to handle relapses. Your doctor may also recommend a support group for people

who want to quit smoking. Also, avoid secondhand smoke exposure whenever possible.

#### Medications

Several kinds of medications are used to treat the symptoms and complications of COPD. You may take some medications on a regular basis and others as needed.

#### Bronchodilators

Bronchodilators are medications that usually come in inhalers—they relax the muscles around your airways. This can help relieve coughing and shortness of breath and make breathing easier. Depending on the severity of your disease, you may need a short-acting bronchodilator before activities, a long-acting bronchodilator that you use every day or both.

#### Inhaled steroids

Inhaled corticosteroid medications can reduce airway inflammation and help prevent exacerbations. Side effects may include bruising, oral infections

#### Phosphodiesterase-4 inhibitors

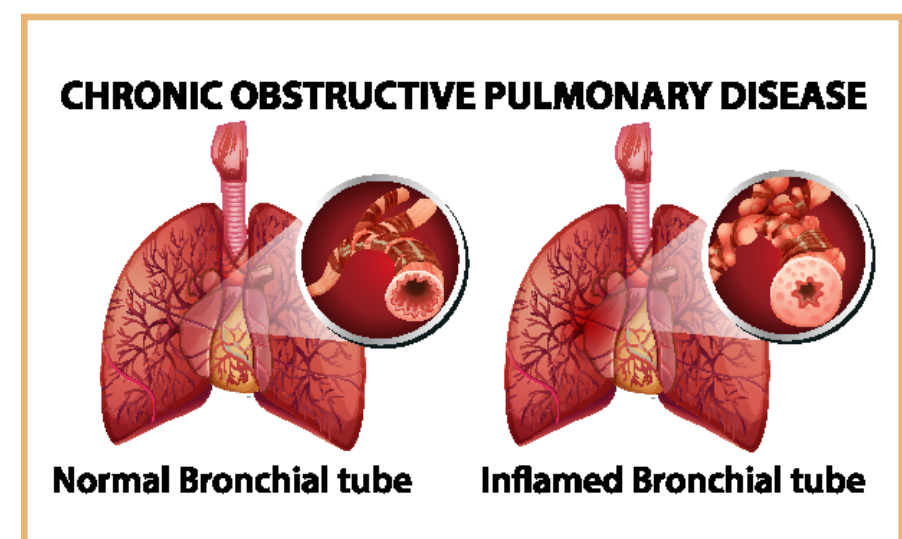
A medication approved for people with severe COPD and symptoms of chronic bronchitis is roflumilast (Daliresp), a phosphodiesterase-4 inhibitor. This drug decreases airway inflammation and relaxes the airways. Common side effects include diarrhea and weight loss.

#### Theophylline

When other treatment has been ineffective or if cost is a factor, theophylline (Elixophyllin, Theo-24, Theochron), a less expensive medication, may help improve breathing and prevent episodes of worsening COPD. Side effects are dose related and may include nausea, headache, fast heartbeat and tremor, so tests are used to monitor blood levels of the medication.

#### Antibiotics

Respiratory infections like acute bronchitis, pneumonia and influenza can aggravate symptoms. Antibiotics help treat episodes of worsening COPD,



and hoarseness. These medications are useful for people with frequent exacerbations of COPD. Inhaled steroids include fluticasone (Flovent HFA) and budesonide (Pulmicort Flexhaler)

Some medications are a combination of bronchodilators and inhaled steroids. Combination inhalers that include more than one type of bronchodilator also are available.

#### Oral steroids

For people who experience periods when their COPD becomes more severe, called moderate or severe acute exacerbation, short courses (for example, five days) of oral corticosteroids may prevent further worsening of COPD. However, long-term use of these medications can have serious side effects, such as weight gain, diabetes, osteoporosis, cataracts and an increased risk of infection.

but they aren't generally recommended for prevention.

#### PREVENTION

Unlike some diseases, COPD typically has a clear cause and a clear path of prevention, and there are ways to slow the progression of the disease.

The majority of cases are directly related to cigarette smoking, and the best way to prevent COPD is to never smoke—or to stop smoking now.

If you've been smoking for a long time, these simple statements may not seem so simple, especially if you've tried quitting—once, twice or many times before.

But, do keep trying to quit.

It's critical to find a tobacco cessation program that can help you quit for good.

It's your best chance for reducing damage to your lungs. ★

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# Only the Best Will Do

Yom Tov in the group homes is just like Yom Tov in any other Yiddishe home —but with the Hamaspik difference

## Behind the Scenes Part II

### What it takes to make it

Mr. Kellner emphasizes the care that's taken with this. "We make sure that everything stays fresh, looking great, and that the individuals receive it in the best way possible."

Closer to Yom Tov, Mrs. Judy Schwartz, registered nurse, oversees that all the medical arrangements for the individuals are in order. If someone is going home, their medications need to be prepared in advance and sent home. Each pill is bagged and labeled according to the date and time of day that it must be taken.

The staff who will be joining for Yom Tov need to be trained and prepped with any specific medical instructions. "The medical piece is a massive job, and a huge responsibility, and it takes a lot of people to get it right," attests Mrs. Schwartz.

Just one example Mrs. Schwartz shares: "Once,

during Covid, I came down to one of the group homes an hour before the *zeman* to help the Shabbos DSP pass the certification test, so that she would be able to give meds to the individuals over Shabbos. I traveled in from Staten Island, where I live, late in the afternoon at 4 p.m. on Friday so that I could be in the home at 5 p.m. which is the time that they administer meds. After I was there instructing her and watching as she did it the first time, she was then certified and able to do it by herself once Shabbos began. I rushed back and got home right before the *zeman*!"

With the food, the clothing, the medical, and the technical arrangements all done, you might think the job is complete...but no, at the Hamaspik of Kings County group homes, atmosphere is essential, and in the weeks and days leading up to

the Yom Tov, an incredible atmosphere is building.

Every group home works hard to make it look and feel YomTov'dik.

"For these individuals, this is home, and we are their family," Mr. Kellner explains. "For example, on Chanukah, most people go to family Chanukah parties. Many of the individuals in the group homes have nowhere to go! So we make sure to create a beautiful atmosphere for them, lighting candles, making parties, and so on."

"Whether it's decorations for Sukkos or baking *hamantaschen* for Purim—we'll always arrange a special activity in advance of the Yom Tov," Mrs. Gross adds. "Purim costumes are a huge one as well! At the 49th Street group home we have each individual choose their own costume from a list, but if a girl wants something different, we'll try

### Emergency Room Visit



We treat our girls before Yom Tov by having a cosmetician come in. One Yom Tov morning, an individual woke up with crazy hives on her face—it was so swollen, the staff were very frightened. We had no idea what it was a reaction to, until we figured it out...she was highly allergic to the wax that the cosmetician had used. In the meantime, though, we spent a very unusual Yom Tov morning in the ER...

-Mrs. Gross, 49th Street group home manager

### Always On Call



A group home is not like an office building. We need to be available 24/7 if something goes wrong—because people are living there! We can't leave anything "just until tomorrow."

There have been times that a water main burst in the kitchen in the middle of *bedikas chametz*—and the maintenance team will drop everything to take care of it. Another memorable time, there was a sewer backup on Yom Tov, and a staff walked over to my house to tell me about it. As soon as we made Havdalah that night, we were over there, figuring out how to clean up the mess.

We don't work Chol Hamoed, but if the group home needs us—we're always there.

-Mr. Kellner, Hamaspik of Kings County IRA operations manager

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## Only the Best Will Do

## So Much More than a Job

to accommodate that, too. This year, a wonderfully creative DSP created a Snapple costume from scratch, for an individual who really wanted it!”

Just like in a regular home, Purim means costumes and *mishloach monos* for every individual, and Chanukah mean eight days of special events and fun.

“We’ll bring in activities, we have singing and dancing, the whole home is lit up with an extra special feeling over Chanukah,” Mrs. Gross says. “Sometimes people outside of the organization will say, ‘Oh, these individuals don’t really understand, it doesn’t make such a difference’—but we strongly disagree. They understand very well, much more than we might think!”

Mrs. Walter echoes this thought. “The individuals’ genuine love for Yiddishkeit is so, so inspiring,” she shares. “When you watch them say Hallel, it’s a sight to behold. Yom Tov means so much to them!”

At the South 9th Street group home, the period leading up to Yom Tov is always filled with projects, workshops, and activities, to build up the excitement and the atmosphere.

“We do everything creatively and therapeutically, and on their level,” Mrs. Walter says. “For Sukkos, we’ll be making beautiful decorations...some of the girls can sit and work on theirs for hours! Some of them even do two decorations—one for the group home, and one for their parents. We encourage them to do this, and we’ll also send gifts to the families before Yom Tov, like flowers for Shavuos, or *gut yahr* cards for Rosh Hashanah. Before Yom Kippur, they’ll go home to get bentshed by their fathers. It’s all part of helping them to maintain a connection with their parents and homes, especially at these very family-oriented times of year.”

The focus at the group homes is always on skills-building and growth, and Yom Tov preparations are no different. Wherever possible, the individuals themselves are given the choices and autonomy to decide, plan, and prepare their home in their own way.

“We make a trip to the flower store, and the girls will pick out the flowers they like for the Yom Tov table,” Mrs. Gross says.

“For the the 44th Street group home, which is home to one couple who live there with the assistance of our staff, it’s all about what they’d like their home to look like for Yom Tov,” Mrs. Kellner adds. “They’ll choose decorations, nice tableware...it’s like any other home.”

“Just like every other Yiddishe home,” is a theme that’s repeated throughout discussion with everyone involved in preparing for Yom Tov at the group homes.

“You know how you’ll come into a house before Pesach and smell that ‘Mr. Clean’ smell, or how Taanis Esther there’s gift bags and

CONTINUED ON PAGE 20 >>



### Special Request

For *afikom* gifts, the individuals each ask for whatever they want, and we try to fulfill their requests after Yom Tov. One year, an individual asked for a sefer Tehillim, in order to daven for the husband of a DSP, who wasn’t well. Everyone present was moved to tears by this heartfelt request!

Mrs. Walter, South 9th Street group home assistant manager

# In Quotes

Group home individuals share what they love most about Yom Tov in their home:

**Reilly:** The food! And also, the projects before Yom Tov, the Chanukah program and everything!!

**Samantha:** Shavuos at the resort! I don’t have any words to describe it. I wish we could do it again!!

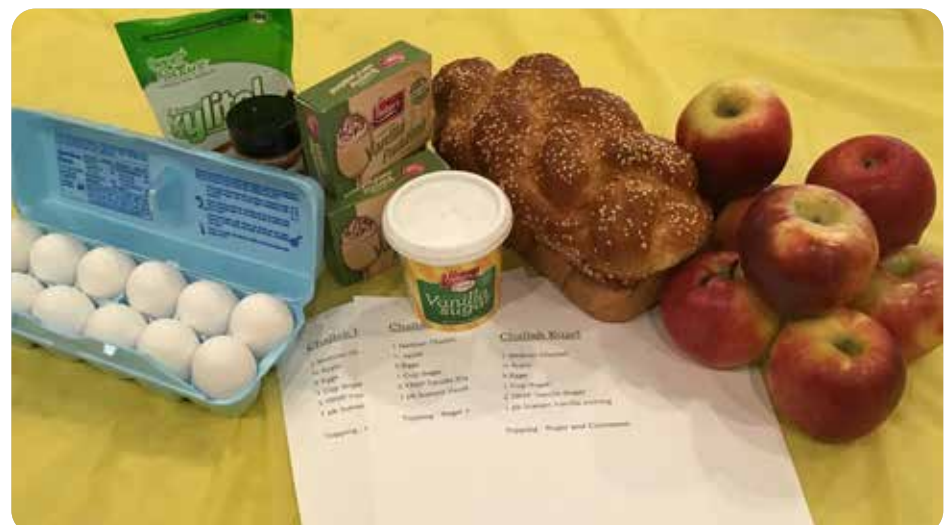
**Blimy:** The Purim and Chanukah gelt I receive from all the wonderful people around me. It’s the best house and the best staff!

**Dassy:** Mrs. Landau’s cheese kreplach—and the staff and their children. I love it when kids come with their parents for Yom Tov!!

**Chaya Miriam:** Chanukah and Purim when so many of our staff come to the home to celebrate with us. We even have a lot of old staff coming.

**Rochelle:** Baking and preparing before Yom Tov! And also Chol Hamoad trips!

**Toby:** I am new, I love the fun and the company here!



BAKING APPLE-CHALLAH KUGEL TO ENHANCE YOM TOV

● ► HAMASPIK NEWS

 **Only the Best Will Do**

*So Much More than a Job*

**Behind the Scenes**

<< CONTINUED FROM PAGE 19

boxes everywhere, or over Chanukah the whole house smells of doughnuts frying?” Mrs. Walter asks. “Well, that’s exactly what we have in the group homes. Every single Yom Tov is such a big deal, with so much excitement.”

“I was in one of the homes right before Shavuos,” Mrs. Schwartz says. “It was decorated with the most beautiful flowers, even prettier than what I had in my house. The girls help get the house ready. They have potato kugel on Erev Shabbos and Yom Tov. It’s just homey and no different than any other Jewish house.”

“At the 61st Street group home, we make sure they get the feeling of Yom Tov in everyway,” Mr. Moskovits adds. “On Sukkos, we’ll celebrate the Ushpizin of anyone who has one...they’ll go to shul, on Simchas Torah, they get to join the dancing....They have a Yom Tov just like anyone else.”

YomTov is a special opportunity for the individuals to express themselves in a different way.

“Years ago, we had an individual in the home with many challenges, medical and behavioral,” Mrs. Walter shares. “I always think of her over YomTov, because she had it so hard, but when it was Shabbos or Yom Tov—she was a different person. She lit up from the inside. She knew the stories, the minhagim, you could see that she sensed the holiness of the day. She taught us to value the special time!”

Mr. Fisher, who became director of residential services after several years of working as a Shabbos/Yom Tov couple, says that that is the main reason he was excited about the position.

“I knew the individuals, and I knew how special they are. I knew that by working full-time for Hamaspiik, I’ll be giving all day for these special *neshamos*—and that made it all worth it. It’s *avodas hakodesh*. Each one of us at Hamaspiik truly has good reason to come into work each day.



Shaking *arba minim* in the beautiful sukkah at 44<sup>th</sup> Street group home



Making kreplach — hands-on, skills building, and making Yom Tov even more special



Choosing the best flowers for Shavuos tablescapes



**On the Menu**

A sneak peek at a Yom Tov menu to delight!  
(Salads, sweet sides, and desserts listed at the end)

**First Night Sukkos**

- Gefilte fish/salmon skewers
- Butternut squash soup
- Chicken marsala
- Orzo
- Grilled vegetables

**First Day Sukkos**

- Gefilte fish/ Salmon skewers
- Chuck eye roast
- Pepper stuffed with rice

**Second Night Sukkos**

- Gefilte fish/violin salmon
- Potato pastrami soup
- Sesame chicken nuggets
- Kraut lokshen
- Sugar snap peas n’ carrots

**Second Day Sukkos**

- Gefilte fish/violin salmon
- Brisket
- Potato knishes rolled with pastrami
- Vegetable kugel

**Shemini Atzeres Night**

- Gefilte Fish/salmon cups
- Meaty vegetable soup
- Dark chicken cutlets with pastrami
- Lo mein
- Squash muffins

**Shemini Atzeres Day**

- Gefilte fish/Salmon cups
- French roast
- Fried Rice
- two-layer vegetable kugel

**Simchas Torah Night**

- Gefilte fish/ketchup mayo salmon
- Cream of carrot soup
- Pickled chicken roll
- Salt n’ pepper lokshen kugel
- Broccoli spring rolls

**Simchas Torah Day**

- Gefilte fish/Ketchup mayo salmon
- Stuffed cabbage
- Deli roll
- Mini red potatoes
- Breaded cauliflower

**Dips:** Babaganoush, tehina, tomato, matbucha, dill

**Salads:** Cauliflower, cucumber

**Sweet sides:** Apple in crumbs, apple turnovers, strawberry bars, plum crumble

**Compotes:** Peach, pear, apple strawberry



**Hashem, Bentsh Me**

One Erev Yom Kippur, we were busy with an individual who was in the hospital and needed to get transferred to another hospital. I was at the hospital taking care of paperwork, and I didn’t get home until an hour before the Yom Hakadosh. I felt very bad that I wasn’t able to prepare for Yom Kippur. I usually go to my parents’ home every year before Yom Kippur so my father can bentsh me, but this year I wasn’t able to make it happen.

While I was driving home, disappointed, a realization hit me. I raised my hands to Hashem and said: “Hashem, I can’t go to my parents now. It’s too late and I can’t squeeze in a visit anymore. But Barcheini Avini—Hashem, You please bentsh me.

“I was busy caring for Your children. Even though it is right before Yom Tov and I am not supposed to be working now. Even though I couldn’t prepare as usual for the Yom Hadin. And even though I’ve gotten bentshed by my father every single year up until now. But this year, I was taking care of Your child. So, now please bentsh me before this Yom Hakadosh.”

And that’s how I went into Yom Kippur. No. I hadn’t gotten a bracha from my father. But yes, I felt very *gebentched* by my Father in Heaven.

-Mr. Fisher, Hamaspiik of Kings County director of residential services



A project by  
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# Status Report

# Happening In Hospitals Today



**HEALTH IN THE CLOUD(S):** BIG TECH FIRMS LIKE GOOGLE ARE PARTNERING WITH MORE EHRS

## HOSPITAL-SERVING BIG TECH SEEING MORE BIG PARTNERSHIPS

**Chicago, Illinois** — Major U.S. electronic health record (EHR) companies like Epic, Oracle Cerner and Meditech are adding new partnerships and entering into new agreements with Big Tech companies, reports *Becker's Hospital Review*.

Epic entered into an agreement with Google Cloud to enable health systems to migrate their EHRs to the cloud; the Edison, N.J.-based Hackensack Meridian Health will be the first organization to transfer its Epic System to Google Cloud.

Also entering into a partnership with Google, Meditech will pilot a Google-based clinical search tool at the Tuscaloosa, Ala.-based DCH Health System and Mauston, Wis.-based Mile Bluff Medical Center.

For its part, Oracle Cerner partnered with life sciences company Labcorp to manage hospital-based laboratories in ten states. Under the partnership, Labcorp will build and expand upon its existing technologies to standardize and optimize workflows.

## OVER 200,000 HEALTHCARE WORKERS QUIT JOBS LAST YEAR: RESEARCH

**Framingham, Mass.** — According to a recent report by Definitive Healthcare, a healthcare commercial intelligence company, over 230,000 physicians, nurse practitioners, physician assistants and other clinicians had quit their jobs

between the first quarter of 2020 and August of 2021.

The data sifted by Definitive showed that about 117,000 doctors (MDs) left the profession during that period, along with about 53,000 nurse practitioners (NPs). Additionally, over 22,000 physician assistants (PAs) and physical therapists (PTs), plus more than 15,000 licensed clinical social workers (LCSWs) also quit during that time period.

The findings come amid other recent surveys detailing delayed COVID-19 physician burnout and hospital staff shortages.

Heightened turnover among MDs is particularly concerning, as many are nearing retirement age, the report said.

## WORLD'S FIRST NEW HEART PUMP SURGICALLY IMPLANTED IN JERSEY HOSPITAL

**Hackensack, New Jersey** — The Hackensack University Medical Center, in Hackensack, New Jersey, became

the world's first hospital to implant the Impella RP Flex device in a living patient.

That patient, a 71-year-old woman, had the implant to treat right heart failure during a minimally invasive valve replacement procedure, according to the hospital's press release.

The Impella RP Flex is FDA-approved to treat acute right heart failure. The pump is implanted via the internal jugular vein and inserted with a catheter through a small incision in the patient's neck.

"This technology is game-changing," said cardiac surgery chair Mark Anderson, MD, "because it provides cardiac surgeons with a new, minimally invasive alternative to surgically implanted right heart support devices that require opening the chest during an invasive sternotomy."

## RICHMOND UNIVERSITY MEDICAL CENTER OPENS NEW ER

**West Brighton, New York** — With smaller and even larger hospitals closing with some frequency all over the country, it's a good day when a hospital opens a new emergency room—especially in New York State and all the more so within the Five Boroughs of New York City.

That fact alone was cause for celebration as the Staten Island-based Richmond University Medical Center (RUMC) celebrated its new ER with an official ribbon-cutting ceremony.

Former Borough President James P. Molinaro, for whom the ER is named, headlined the ceremony at the north Staten Island facility.

The new ER is part of a massive \$250 million overhaul of the medical center's facilities. It features expanded trauma and triage areas plus dedicated units for pediatrics, behavioral health, and cardiac/stroke emergencies.

The new ER, which has additional ambulance bays and a larger patient drop-off area, is also partnering clinically and academically with Mount Sinai Health System.

## BALTIMORE-REGION LIFEBRIDGE RAISES MINIMUM WAGE FOR THOUSANDS OF WORKERS

**Baltimore, Maryland** — Talk about financial health! The Baltimore-based LifeBridge Health, which employs about 2,500 people across hundreds of Baltimore-region locations, has now raised its employee minimum wage to \$16 an hour.

The raise follows a similar increase that came roughly two years ago to \$15 an hour.

"We understand the importance of evaluating compensation and making adjustments that recognize team members for their valuable contributions," said executive VP and CEO Leslie Simmons in a statement. "LifeBridge Health will continue to make investments that allow our health system to remain competitive in a high-demand market." LifeBridge's Baltimore operations includes five acute-care hospitals.

The organization is also planning a joint project with George Washington University in Washington, D.C., for a new medical campus located at Sinai Hospital of Baltimore.

## HEALTH SYSTEM LABOR EXPENSES STILL CLIMBING: REPORT

**Chicago, Illinois** — Industry outlet *Becker's Hospital Review* reports that major U.S. hospital systems coast to coast are still seeing ballooning labor costs.

"When the pandemic began, many hospitals and health systems were forced to pay top dollar for traveling nurses to treat patients. Now, many are cutting back on contracted labor in favor of full-time employed staff. But labor costs are still on the rise," *Becker's* states, adding: "Inflation, staff shortages and bonus programs are pushing staff salaries and benefits ever higher."

For example, the Renton, Wash.-based Providence reported a nine-percent increase in salaries and benefits for the first nine months of 2022, while the vaunted Mayo Clinic of Rochester, Minn., reported operating expenses increased 7.1 percent increase in its third quarter.

With a high-inflation environment and staff shortages, many health systems are preparing for more wage increases and other labor expenses next year, too, according to *Becker's*. ★



**HISTORY:** THE NEW IMPELLA RP FLEX HEART PUMP WAS IMPLANTED AT A JERSEY HOSPITAL



# The Senior Care Gazette

News from  
the World of  
Hamaspik  
HomeCare and  
Senior Health

## Thyroid Disease and Senior Health

### What the thyroid gland does and how it can affect seniors

If you've got the impression that the thyroid has something to do with making sure everything else is working, you've got the right idea.

The thyroid gland is a small *gland* ("medical-ese" for small sack or bag) inside the front of the neck.

Shaped like a butterfly, with a small center and two larger "wings" on each side, it is about two inches wide on average and cannot be seen or felt from the outside (unless a certain medical problem called a *goiter* develops; more on that later).

The thyroid gland is a key part of the body's *endocrine system*. This consists of several glands throughout the body which produce natural chemicals called *hormones*, which carry chemical "messages" through the bloodstream

from various endocrine glands to the body's organs (such as the heart or stomach), telling them what to do.

Hormones released by the endocrine glands also carry messages to the skin, muscle or other tissues. For example, when the body heats up when it's exercising, endocrine hormones tell the skin that they should start producing sweat.

Finally, the endocrine system is made of nine different organs and glands. One of these, the pituitary gland (a pea-sized gland inside the brain), is known as the "master gland" because it controls many other endocrine glands.

But importantly, the system also includes the thyroid gland.

The thyroid's main job is controlling the body's *metabolism*, or how the body

uses energy. It does this by producing and releasing the hormones *calcitonin*, *RT3*, *T3* and *T4*.

Of those, *T3* is the most important.

When there is too much or too little of these, it can become quite serious if untreated, especially in seniors.

The most common thyroid disorder in seniors is *Hypothyroidism* (an underactive thyroid). *Hypothyroidism* slows metabolism down. Symptoms can include unexplained high cholesterol, heart failure, bowel movement changes, joint or muscle pain, cognitive decline or other psychiatric problems.

The other three most common conditions are *Hyperthyroidism* (an overactive thyroid), which speeds metabolism up; a *goiter* (a thyroid enlarged to produce more hormone);

and thyroid cancer.

*Hypothyroidism* affects about five of every 100 U.S. people over age 12. *Hyperthyroidism* affects about one of every 100 U.S. people over age 12. *Goiters* affect about five percent of the U.S. population.

But here's the good news: Thyroid disease can often be treated with level-correction hormone medication, eating foods with iodine, which the thyroid needs to produce hormones, or relatively minor surgery.

And cases of thyroid cancer—especially papillary cancer, its most-common form—are treatable at a rate of about 90 percent. ★

*Having a home health aide (HHA) significantly increases seniors' health, independence and sense of wellbeing and independence. Call Hamaspik HomeCare's Intake Dept. at 845-503-5700 to see if you or a loved one qualify for home care services.*

### ► HEALTH NEWS

## Sleep Well, Live Longer and Healthier

### Study Correlates Chronic Lack of Adequate Sleep to Several Mental and Physical Diagnoses in Aging Men and Women

**Paris, France** — First, take a look at how many healthy 50-year-olds are getting seven hours of sleep a night.

Then, fast-forward to how many hours of sleep each night those same people are getting as they enter their 60s and 70s—and compare rates of chronic illness with amounts of sleep.

Chances are you'll find higher rates of various illnesses in seniors getting less sleep—and lower rates of various illnesses in seniors getting more sleep.

That's the gist of a new study out of the National Institute of Health and Medical Research (Inserm) at the University of Paris.

To conduct the study, Inserm researchers—joined by colleagues in Finland and the United Kingdom—tracked the self-reported sleep routines and health status of nearly 8,000 Britons from ages 50 through 70.

Researchers first looked at how much sleep study participants were getting back in 1985, when they were 50 years old and disease-free. At that time, about four out of every ten reported regularly

getting fewer than seven hours sleep a night. Additionally, nearly a third was getting five hours or less.

Researchers then looked at which participants were routinely sleeping no more than five hours a night as they entered their 60s and 70s, some ten to 20 years later.

The researchers found that participants regularly sleeping fewer hours were associated with 30 to 40 percent greater risk of developing multiple illnesses, compared to those regularly sleeping seven hours. According to the NIH, adults should sleep seven to nine hours a night.

According to the research, diseases and conditions occurring at higher rates among those sleeping less included: diabetes, cancer, coronary heart disease, stroke, heart failure, chronic obstructive pulmonary disease, chronic kidney disease, liver disease, depression, dementia and a variety of other mental disorders, Parkinson's disease, and arthritis/rheumatoid arthritis.

Additionally, study participants sleeping five or fewer hours a night at age 50 faced a 30-percent higher risk over good sleepers for simultaneously developing two of those diseases or conditions. At age 60, poor sleepers saw their relative risk rise by 32 percent. By 70, that increased risk was at 40 percent.

Overall, study participants who were regularly not getting enough sleep at age 50 had a 25-percent spike in risk of early death, researchers concluded—primarily due to an increased risk of getting sick.

While the study doesn't demonstrate proven cause and effect, "the breadth of observational and interventional studies are strongly suggestive of inadequate sleep compromising good health," says Dr. Virend Somers, professor of cardiovascular medicine at the Mayo Clinic College, who reviewed the findings. ★

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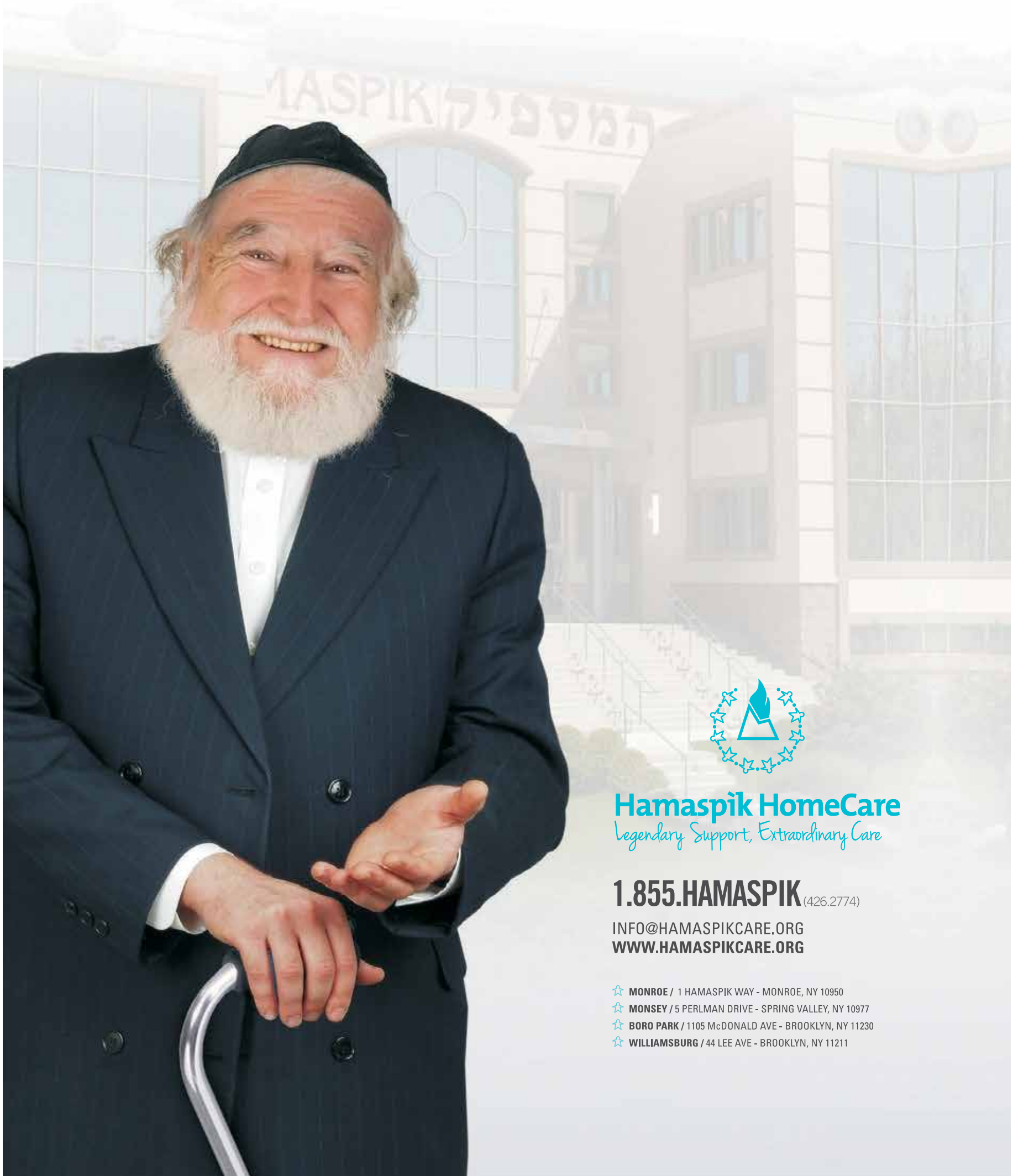
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