



# The Hamaspik Gazette

News of Hamaspik  
Agencies and  
General Health

APRIL '23 • ISSUE NO. 210



## GAZETTE SURVEY

The GAZETTE asks YOU:

### HAVE YOU EVER HAD A HERNIA?

A: YES; B: NO

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



## HEALTH STAT

### HERNIAS IN THE U.S.: WHO AND HOW MANY

|                              |                         |
|------------------------------|-------------------------|
| Repair surgeries             | 800,000 (est.) annually |
| Men affected over lifetime   | 25 percent              |
| Women affected over lifetime | Under two percent       |
| Patients who are men         | 90 percent              |

Source: National Center for Biotechnology Information, National Library of Medicine



## HEALTH TIP

### HEADING OFF HERNIAS HANDILY

If you don't want to be a hernia statistic (and if you're a man, you're likely to have one in your lifetime), here's what to do: Lift things properly—don't lift too much and bend at knees (not waist!); keep a good weight; strengthen your "core's muscles; control diabetes; and quit smoking.

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## HAMASPIK NEWS

### THE PORTRAIT OF PERSON-CENTERED PURSUITS

A WORK OF ART TAKES FIGURATIVE FLIGHT AS YOSHI TRIES HIS HAND AT DECORATING CERAMICS AT AN UPSTATE ARTS-AND-CRAFTS SHOP. THERAPEUTIC ON MULTIPLE LEVELS, PAINTING IS JUST PART OF HAMASPIK'S BIGGER PEOPLE-FIRST PICTURE.



ART-BASED ACTIVITIES, BOTH ON-SITE AND AT LOCAL VENUES, ARE A STAPLE AT HAMASPIK'S MULTIPLE DAY HAB PROGRAMS, HELPING INDIVIDUALS MAINTAIN AND BOOST THOSE IMPORTANT MOTOR SKILLS

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## TRI-COUNTY CARE NEWS

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## HEALTH NEWS

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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.

## NYSED SERVICES

### ACCESS VR

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

### PATHWAY TO EMPLOYMENT

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

## NYSHA

### 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 Hamaspiik 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

# Working on Keeping an Individual Working

## Tri-County Care's Care Managers Make Individual's Employment a Critical Part of Their Individual Employment

When Tri-County Care is where you work, sometimes your work is finding someone else work.

For Care Managers Mrs. Chava Silberman and Mrs. Chedva Freund, both longtime disability industry veterans, that work involved finding work for an individual with physical disabilities.

That individual is an example of a life that's made it despite significant challenges.

As a young child, the individual survived a grave medical emergency that left survival itself in question for a few harrowing months. Thankfully emerging from that ordeal, though, the individual went on to come of age, transition to adulthood and eventually settle down into a safe, secure job and ultimately marriage and family.

The individual's job, at a vital department featured by any major hospital, provided gainful employment for quite a few years until a fateful

layoff—"for bureaucratic reasons," ruefully recalls Mrs. Silberman.

But not to worry—Mrs. Silberman wasn't about to let that get her, or her client, down. The spry Care Manager successfully secured the individual a new job as a data-entry professional at a home-care agency. Given natural number-crunching talent, the individual now presided over reams of regular medical billings. That job in turn lasted another good few years—until a company-wide software change warranted a change, as in downsize, and so the individual was once again let go.

For too many of us, losing a job is just about as bad as a medical emergency—at least in terms of disruption of routine daily life. It certainly was for the individual, Mrs. Silberman reports.

Fortunately, as with the childhood health crisis, the individual survived this crisis as well—but in the interim, being unemployed took a toll on marriage and

domestic harmony. Both husband and wife in that marriage suffered due to the pressure and pain of lack of income and sub-par physical health and wellbeing.

Going back to the previous job wasn't an option, as the technology the employer had been using had been updated, replacing our employee with an automated system that eliminated the need for a live human worker.

At that time, Mrs. Freund took the helm of the individual's case. Mrs. Freund now approached a prominent community medical center.

Knowing that any proper and flourishing medical center would have a busy billing department, Mrs. Freund wasted no time approaching the approachable owner of the center—a reputable community pillar with a penchant for helping people—that her client ought to be hired as a medical biller.

The gentleman replied that he'd love

to help but that his establishment simply had no room for an additional desk. Mrs. Freund wouldn't take no for an answer. She returned the following week with the same request and got the same response.

But by the third week, Mrs. Freund knew that what was needed was a judicious dose of persistence. Upon her third appearance, she affably but determinedly informed the decision-maker, "I'm walking with you up the stairs to where the offices are and I'm going to make room for a desk." And so she did!

Mrs. Freund even arranged for one of the center's existing employees to train in the individual. The company is now "very happy with him," adds Mrs. Silberman. "The family is forever grateful."

Today, the individual has a job as a full-time medical biller because two Care Managers did outstanding jobs in doing their own jobs. ★

● ► HEALTH NEWS

# Breakthrough System Reads Brain Signals Through Skull Without Surgical Implants

## Sensor-Filled Cap Detects Brain Signals in Two Paralysis Patients, Allowing Them to Steer Wheelchair with Thoughts

**Austin, Texas** — As it turns out, mind-controlled devices have been around for a good decade, allowing people with partial or complete paralysis to move robotic limbs just by thinking.

The high-tech devices, still being fine-tuned at various academic and/or medical clinics, give paralysis patients increasing control over motorized limbs or even just cursors on computer screens that are connected to their brains.

Pretty much all those devices work as follows: *Electrodes*, or sensors that detect and pass on electrical signals, are surgically implanted in a patient's brain. The electrodes then pick up signals in the brain's motor regions, which normally send movement messages to specific limbs via the now-damaged spinal cord. Instead, the electrodes detect and pass on the still-active movement messages from the brain to a computer system. The computer system "learns" patterns of signals—say, "left" or "right"—that are in turn sent to a robotic limb, ultimately



**MIND CONTROL REDEFINED:** TWO PARALYSIS PATIENTS STEERED DEVICES BY THOUGHT ALONE

allowing the patient-user to control the limb just with thought.

But brain signals are best collected by electrodes inside the brain. The thickness

of the human skull dampens signals detected by electrodes placed on the head outside the brain. However, brain-implanted electrodes require complex surgery, and risk chronic infection.

Researchers at the University of Texas at Austin have now apparently gotten around this problem. Using their electrode-studded cap and computer system, two quadriplegics recently steered motorized wheelchairs around a cluttered room.

But researchers say the real breakthrough lies in users' improving ability to mentally "speak" the specific thoughts the computer needs to signal the wheelchair. ★

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# Happening in Health Today

## HIGHER RISK OF MULTIPLE DISEASES LINKED TO GETTING LESS THAN FIVE HOURS OF SLEEP

**London, England** — Researchers at University College London (UCL) find that getting less than five hours of sleep in mid-to-late life could be linked to an increased risk of developing at least two chronic diseases.

Researcher at UCL analyzed the impact of sleep duration on the health of over 7,000 men and women at the ages of 50, 60 and 70, from the Whitehall II cohort study. They specifically compared relationship between how long each participant slept and whether they had been diagnosed with two or more chronic diseases over the course of 25 years.

The found that people who reported getting five hours of sleep or less at age 50 were 20 percent more likely to have been diagnosed with a chronic disease and 40 percent more likely to be diagnosed with two or more chronic diseases over 25 years,

compared to people who slept for up to seven hours.

## BRAIN IMPLANT DELIVERS CHEMO DIRECTLY IN PATIENTS WITH GLIOBLASTOMA

**New York, New York** — Glioblastoma is an aggressive brain cancer that is diagnosed in about 12,000 Americans each year, according to the American Brain Tumor Association.

It is very difficult to treat for several reasons, including the fact that the tumor has finger-like extensions that interweave with normal brain tissue.

But now, researchers at New York-Presbyterian/Columbia University Irving Medical Center in New York City have developed a way to safely deliver a steady supply of chemotherapy directly to such brain tumors, in what they hope will be an important advance for patients.

The treatment involves an implantable pump system that supplies a steady drip of chemo straight to the tumor. Testing it in five patients,

researchers found the system was able to hit tumors with doses up to 1,000 times higher than possible with traditional chemo, without significant side effects.

## BACTERIUM STOPPING NERVE-CELL BREAKDOWN IN WORMS FOUND, MAY LEAD TO ALS TREATMENT

**Montreal, Quebec** — Amyotrophic lateral sclerosis (ALS) is a terminal condition that currently has no cure. An estimated 31,000 Americans have the condition, which slowly destroys muscle nerves.

Research has long focused on understanding and eventually preventing the process causing that *neurodegeneration*, or nerve-cell breakdown. Unfortunately, science still has a long way to go. But now, scientists at the University of Montreal Hospital Research Centre (CRCHUM) have found that a bacterium dubbed HA-114 prevents neurodegeneration in *C. elegans* worms.

Nerve-cell breakdown in ALS happens in part when nerve cells cannot

absorb certain fatty acids, say the researchers—who also found that two genes found in HA-114, *acdh-1* and *acs-20*, restored that ability in the worms. They are now studying HA-114 in mice, and will be testing it in 100 people in spring 2023.

## NEW BLOOD TEST DETECTS ALZHEIMER'S-RELATED BRAIN PROTEIN YEARS BEFORE SYMPTOMS: STUDY

**Seattle, Washington** — Alzheimer's, like ALS, remains a largely-unexplained disease—with patients of the brain function-destroying condition only diagnosed once symptoms appear.

Earlier research has shown that the “seeds” of Alzheimer's are planted in brains years, and even decades, before the cognitive impairments surface that make a diagnosis possible. Those “seeds,” specific proteins known as beta amyloid, clump together in the brain. It is believed that Alzheimer's results when those clumps get large enough to interfere with brain function, beginning with memory loss.

But now, say University of Washington researchers, their new soluble oligomer binding assay (SOBA) blood test detected beta amyloid in the blood of study participants who already had Alzheimer's symptoms and diagnoses—and in ten people who had neither but who were later diagnosed.

## “YOU CAN GET EVERYTHING ON AMAZON”—NOW, EVEN BASIC HEALTHCARE

**Seattle, Washington** — For years now, retail giant Amazon.com has been pushing into new industries far from its founding business of selling books (and then, retail items). Those Amazon-branded services today include an online drugstore, cloud computing services, and home security systems.

Now, you can even get a consultation from a live medical professional via Amazon.

The company's new virtual medical clinic, available now in 32 states, aims to treat common medical problems like allergies, hair loss, motion sickness or skin conditions.

The message-based virtual health service connects consumers with licensed clinicians who can diagnose, treat and prescribe medication for a range of common conditions. Patients first choose one of two telehealth providers partnering with Amazon, SteadyMD or HealthTap.

Amazon Clinic does not yet accept insurance; payments are made at time of virtual visit.

## ELDERLY WOMEN DRINKING MORE TEA HAVE LESS-HARDENED KEY BLOOD VESSEL, FINDS RESEARCH

**Perth, Australia** — So, the abdominal aorta is the largest artery in the body which supplies oxygenated blood from the heart to the abdominal organs and lower limbs. Later in life, the abdominal aorta can sometimes get encrusted.

This is medically known as abdominal aortic calcification (AAC). Science has long linked levels of AAC with risk of heart attack and stroke.

But now, research has found that older women were far less likely to have extensive AAC if their daily diets included high levels of flavonoids—natural substances found most commonly in tea. Flavonoids most commonly occur in black and green tea.

In a study of nearly 900 older women (average age 80), Perth-



**LENDING NEW MEANING TO “SOFT DRINK”:** FLAVONOIDS COMMONLY FOUND IN TEA HELP KEEP KEY ABDOMINAL BLOOD VESSEL FROM HARDENING, FINDS AUSTRALIAN STUDY

based Edith Cowan University (ECU) found those drinking the most black tea daily were up to 39

percent less likely to have extensive AAC over those who didn't drink tea at all.





בס"ד

☎ ... Caller @ 7:30 PM

“

No one knows my secret. People think we run a smooth ship.

If only they knew. I am sure no one in my קהילה is experiencing as much hopelessness and pain as I do. No one will understand me.

**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@hamaspikings.org



## ● ► HAMASPIK NEWS

# For Disabilities of All Stripes and Shades, One Universal Color of Participation

*Hamaspiik of Orange County Men's Day Hab Enjoy Therapeutic, Inclusive Ceramic-Painting Outing Upstate*

The staff member in question is a Direct Support Professional (DSP). That's the official New York State title for any employee schooled in all mandatory OPWDD trainings and who works directly with individuals with special needs at any OPWDD-approved program—like the Day Hab and other programs run by Hamaspiik. This particular DSP works at Hamaspiik of Orange County's Men's Day Hab.

Our hardworking DSP divulges to the *Gazette* that the idea for taking the gentlemen to paint ceramic pottery items came actually from his wife. This past Passover, his better half had wanted to do something with the family, and so, after a bit of “tourist research,” her husband found a ceramics-painting venue up in New Windsor, New York.

But after patronizing the place with his young family, the DSP realized that it would be a fine place for individuals with disabilities to visit, too—and hence probably a good idea to take his “boys” there one day.

So now, months later, he returned—but this time with his Hamaspiik “family.”

The name of the place is Potters Party. It's owned and operated by an older gentleman, a South Korean immigrant named John Yoo. He has been running the facility for 17 years now. (More on that soon.) It's located right on Rt. 32, a two-lane highway up in New Windsor, a small town in Orange County.

One of the several things about this place that the DSP points out is that it gives its customers a lot of options. There are several categories of items, for starters—food, animals, and alphabet letters, for example—that customers can paint. Then, there is a rainbow of paint options, with several shades of every major color available. The DSP says that he thinks there must be 50 colors you can paint with!

On the day of the event, the DSP arrived first by himself. He came 30 minutes early to help the owner set up the tables for the large crowd from Hamaspiik Men's Day Hab that would be visiting.

Once there and the tables were set up, Mr. Yoo showed the DSP the various



**SIGN OF THE TIMES:** OUTSIDE THE VENUE, AVRUMI CAN'T WAIT TO MAKE HIS MARK



**FLEDGLING PAINTER:** AVRUMI TURNS A PLAIN WHITE LUMP INTO A TROPICAL BIRD

options—as mentioned, in the general categories of names, animals or food items. Everyone got their choice, the DSP says. For example, one individual just loves animals, he says—so that young man, Hershy, chose a ceramic frog to paint. Another one who loves food painted a ceramic cupcake. A third chose the letter “P,” which is the initial of his sister's first name.

The entire event lasted roughly two hours, from their arrival at around 12:30 until their departure at 2:30.

So, how did the boys like their items? “One hundred percent!” excitedly replies the DSP. “Everyone participated,” he notes, explaining that it's not only for individuals with higher-functioning skills—even the boys with low function liked it.

“Everyone can be involved,” he continues, commenting on individuals with disabilities painting pottery. “It's not like going on a roller coaster,” on which one individual with lower-functioning skills may not really know



**PUTTING IT ALL ON THE TABLE:** AS SUPPORTIVE STAFF HOVER NEARBY, THE INDIVIDUALS GET SET TO START PAINTING THEIR CHOICES IN TAKE-HOME CERAMICS IN HUES ALL THEIR OWN



**A WORK OF HEART:** ELAZAR LENDS COLOR TO AN OTHERWISE-NONDESCRIPT TURTLE

what they're doing.

And what did they like the most about the place?

In answering this question, the DSP also refers back to the previous question about how they liked the items which they made. The gentlemen were each given a blank slate and then got to paint them as they wished, the DSP first explains. “I didn't tell them, ‘make it pink’ or ‘make it blue’—you know what a good feeling that is?” He explains that unlike with other activities (like going to an amusement park and its rides), here even the individuals at low function apparently have a notable and visible appreciation for being able to pick up a brush, and even choose which brush and better yet, which color, they want. Even better, they then paint their item in whatever color(s) they so choose—and that's after choosing their blank white ceramic object themselves.

What was it like working with the owner? Was he sensitive to special



**ARTISTIC RAPPORT:** SHLOIMY (L) EYES HIS HANDIWORK WHILE HERSHY (R) PAINTS

needs? “He was so, so sensitive!” replies the DSP. “He was so nice helping me clean up.”

The *Gazette* also had the opportunity to speak by phone with Mr. John Yoo, proprietor of Potter's Party. Years ago, his primary occupation was running an artwork gallery for exhibitions. But one day, he says, his own daughter asked him to take her to a pottery space—which gave him an idea. “So I opened here,” in New Windsor, he says.

Some 15-plus years later, he's still open—and still getting business from as far as Manhattan, and, now, with Hamaspiik's visit, the occasional group of people with disabilities.

The DSP goes on to note that the owner gave attention to every individual. “Which color do you need?”, he recalls the owner asking each individual as he made his rounds helping the gentlemen.

Would you go back again? “Of course!” ★

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## The Blessings of Fruits



AN A-“PEEL”-ING EXPERIENCE: HAMASPIK OF ORANGE COUNTY’S MEN’S DAY HAB WORK WITH FRESH FRUITS (T) TO PRODUCE SUCCULENT SERVINGS (L) AND SLICED SNACKS (R)

## Where Siblings Shine

### Teen Power Hotline Gives Siblings Their Time in the Sun

The Teen Power hotline, a project of Hamaspik Hotlines, launched in September in response to requests from parents who saw the tremendous inspiration, encouragement, and *chizzuk* that they gained from Nishmoiseini hotline. The line addresses the needs of teens who have a sibling with special needs, offering content that is informative, validating, and entertaining.

The hotline, managed by Mrs. Miriam Grossbard, features a wide array of options — songs, challenges complete with lottery prizes, personal stories shared by siblings themselves, live events, and interactive workshops with well-known personalities.

“We’re not just focusing on the challenges of having a sibling with special needs, there’s also a lot of regular entertainment and practical skills-building tools, such as writing or drama,” says Mrs. Grossbard.

The hotline has become extremely popular in just a few months, averaging over 1500 callers a day, which highlights the genuine need that Teen Power is filling.

“It’s not only siblings of children with special needs who call into the line,” Mrs. Grossbard says. “Many teens enjoy the content. It’s simply enjoyable to listen to.”

The hotline has provided other benefits, too.

“For some teens, the hotline means the stigma that they might have felt is reduced, now that their friends listen to Teen Power and have a new understanding of what it means to have a sibling with special needs,” Mrs. Grossbard shares. “For others, having a dialogue with other teens in their situation or hearing each other’s stories is incredibly empowering. And sharing their own story and having it heard and validated can be the most therapeutic experience of all.” ★

## Blessing the Fruits of Their Labors

### Hamaspik Orange Men’s Day Hab Get a Handle on Fresh Tree-Grown Produce as Consumed Within the Community

Fresh fruits have long been a part of the nutritious daily diet recommended by the United States Department of Agriculture (USDA), with a focus on whole fruits, and at Hamaspik of Orange County’s Men’s Day Hab program, incorporating fruit into daily life has long been a staple. Every Monday, the Day Hab’s gentlemen gather around to prepare the likes of fresh oranges, apples, honeydew, pineapples, and other fruits depending on the season.

Besides the Shabbos food-prep program on Fridays and the fresh fruit program on Mondays, food preparation is a regular part of the Men’s Day Hab. “We try to do as much as we can,” says Mendy Klein, a devoted Direct Support Professional (DSP) at Day Hab, asked about regular culinary programming.

In the week the *Gazette* spoke to Mr. Klein, for example, besides the two aforementioned food programs and

their assigned days, the gentlemen of the Day Hab also made potatoes. All these activities reinforce the message, unspoken if not enunciated outright from time to time, that fruits are good for you. The range of fruits also reinforce the *brachos*, the one-line pre-eating prayers that are divided by various categories—and which, in Hamaspik’s faith-based community, serve as constant reminders of which food items belong to which brachah.

For the activity itself, the individuals first wash hands with soap and hot water, then don disposable plastic gloves and aprons. They then receive their fruit of choice to prepare. The fruits are shortly turned into fruit salads and then shortly enjoyed.

“They like food preparation,” comments one Day Hab staff member—and what could be better than making nutritious food that helps you know your brachos too? ★



● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK

## Shaarei Binah Visits Lerner's Shtreimels in Kiryas Joel

*Trip to Store Selling "Wedding Equipment" Comes on Heels of Young Adults Studying Talmudic Matrimonial Law*

Shaarei Binah is Hamaspik of Rockland County's yeshivah-like program for the Monsey community's highest-functioning young men—where they study Gemara (Talmud) just like any yeshivah student does.

And because they've lately been getting Kiddushin, the Talmudic tome on matrimonial law, into their heads, program manager Chesky Szabovitz correctly saw fit to experientially introduce them to the cultural attire formally worn by about-to-get-married bridegrooms on their heads.

So off to a shtreimel store they went.

Upon arriving at Kiryas Joel's Lerner's Shtreimels, the Shaarei Binah boys were warmly greeted by customer-service pro Jacob Lebowitz, who proceeded to spend the next nearly-two hours regaling his guests with all things shtreimel-related.

The shtreimel (plural: shtreimlach), he related, was introduced centuries ago

by Rabbi Israel Baal Shem Tov, founder of Chasidism. The headgear served to culturally differentiate Jews—and to define the brand of positivity and pride spearheaded by the spiritual leader, especially as his new movement took root and spread.

The Shaarei Binah boys were rapt throughout his presentation. They were "very interested in knowing where shtreimels come from," recalls Mr. Lebowitz. He also explained the intricate custom-measuring and hand-manufacturing process behind every individual shtreimel. In short, no two heads—and no two shtreimels—are the same.

"They really had a good time," says Mr. Szabovitz. "They asked a lot of questions—and they felt like actual chasanim [grooms—ed.]"

In fact, he adds, one of the young men wants to come back when he becomes a choson himself.. ★

## A Heady Experience



TRY THIS ON FOR SIZE! LERNER'S JACOB LEBOWITZ PLOPS A MEASURING CAP ON ONE SHAAREI BINAH STUDENT WHILE HIS FRIENDS LOOK ON (L); A PERFECTLY-FITTED SHAYA (R)

## Hamaspik of Rockland County's Mayvinim Provides Weekly Cheder-Style Program to Boys, Youngest Men of Greater Community

Every Sunday and legal holiday, a growing group of boys from the greater Monsey community gather at Hamaspik of Rockland County's Mayvinim.

That program, directed by the capable Mr. Dovid Friedman and one of the agency's several offerings to the greater community, is the equivalent of a standard cheder, the classic Jewish elementary school of old.

Upon morning arrival, the boys and young men first sit down to a healthy and hearty breakfast. After breakfast, the boys recite the morning prayers together—just like a typical cheder, in fact.

After that, students enjoy a short break before the next scheduled experience—a midday class on Halachah (Jewish law) or Parshah (weekly Bible study) taught by Mayvinim staff member Mr. Avrumi Weiss, an experienced teacher.

Next comes a refreshing round of board games, both one-on-one and

in sizable groups, itself followed by another recreational session—this one in a rec room where indoor sports and exercise await.

The rest of their day is filled with experiential activities both on and off premises. For example, having recently studied some Shabbos law—primarily, the rule allowing Shabbos-violation to save lives—Mayvinim visited Hatzolah, the community volunteer EMT corps.

Following such afternoon activities, they return to "home base" where they enjoy a nutritious fresh lunch, then head home.

So, the *Gazette* asks Mr. Friedman, how does Mayvinim get new "customers"? "We are getting a very good name," he answers. "We are building up." He also notes that the program advertised twice in recent times in a popular local ad circular.

With Mayvinim, "the After-School Respite (ASR) program has taken a step forward," he proudly attests. "We are growing." ★

## Schooled in Stimulation



CATERING TO THE SENSES: AMONG MAYVINIM'S MANY EXTRACURRICULAR ACTIVITIES ARE LIVE MUSIC (T), ARTS-'N'-CRAFTS LIKE THIS MENORAH (L), AND A VENTRILOQUIST VISIT (R)



# The Autism Update

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

## KEY TO UNDERSTANDING AUTISM MAY LIE IN GENE GUIDING EARLIEST SOCIAL BEHAVIORS

**Salt Lake City, Utah** — A new animal study points to a gene that is important for the earliest development of basic social behaviors. The work also suggests that exposure to certain drugs and environmental risk factors during embryonic development can cause changes to this gene, leading to alterations in social behavior that are similar to those found in individuals who have autism.

Little is known about how social behavior develops in the earliest stages of life. But humans are born with an innate ability to interact socially or form bonds with others. And that contributes to success throughout life.

Now, a new animal study at the University of Utah points to a gene that is important for the earliest development of basic social behaviors. The work also suggests that exposure to certain drugs and environmental risk factors during development can cause changes to this gene.

## EVIDENCE FROM NEW STUDIES HINTS AT MECHANISMS FOR AUTISM “FEVER EFFECT”

**Los Angeles, California** — Autism science doesn’t quite yet know what exactly causes the “fever effect”—the anecdotal phenomenon, reported for years by parents of children with autism, of said children exhibiting far fewer autism symptoms and behaviors while having fevers.

But two new research papers, presented recently at the Neuroscience conference in San Diego, California, shed more scientific light on the phenomenon.

In one, based on research conducted at the University of California, Los Angeles (UCLA), elevated body temperature appears to ease autism-like traits or seizures in mice—but only those with mutations in one (or both) of the IQSEC2 and SCN2A genes. A previous unrelated experimental treatment found that when a boy with autism and an IQSEC2 mutation soaked in a hot tub twice daily over a period of several months, his seizures dropped from up to one-third of each month to once a month.

## AUSTRALIA’S OFFICIAL NATIONAL AUTISM GUIDELINES SHIFT TOWARD ‘NEURODIVERSITY’ MOVEMENT

**Perth, Australia** — One of the major ongoing changes in the autism world is shift from viewing autism as a “disease” that needs to be “treated” to a condition that needs to be accepted.

The *neurodiversity* movement posits that such autism behaviors as hand-flapping or avoiding eye contact are essentially no different than being left-handed.

Proponents of the *disease model*, on the other hand, argue that acceptance over treatment denies some people with autism a better life.

The government of Australia now seems poised to take a stand for the neurodiversity camp, as it gears up to update its national autism guidelines with a new focus on affirmation. The new official guidelines, developed with the help of the Perth-based Telethon Kids Institute, will highlight autism supports over behavioral corrections.

## IN CLINICAL TRIAL, CANNABIDIOL-BASED SKIN GEL REDUCES SYMPTOMS OF FRAGILE X

**Chicago, Illinois** — Genetic disorder fragile X syndrome (FXS) is a common cause of intellectual disability. It’s caused by a mutation in the FMR1 gene, which normally supplies healthy levels of proteins needed for typical brain development. It currently has no cure.

However, research over the years and decades has worked on alleviating symptoms and even attacking root causes—including a recent effort by the Chicago-based Rush University whether cannabidiol, a plant-based substance found effective in treating some forms of epilepsy, can also help with FXS.

Rush’s CONNECT-FX was a double-blind, randomized phase 3 trial of a gel-based cannabidiol for the treatment of behavioral symptoms in children and adolescents with FXS.

After 12 weeks of daily application, a group of youths getting the medicated gel showed “significant” improvements in FXS-related behaviors.

## THE WORLD OF DISABILITY EXPANDS: DISNEY ADDS DOLLS IN WHEELCHAIRS TO “IT’S A SMALL WORLD”

**Anaheim, California** — Adults, and especially children, who use wheelchairs due to various disabilities may have felt left out when riding Disneyland’s iconic “It’s a Small World” ride. But not anymore!

At the legendary Disneyland park in Anaheim, California, two dolls in wheelchairs have been added to the ride. The new animatronic dolls were introduced as the park begins its holiday season.

“It’s a Small World” takes visitors on a boat ride past some 300 dolls

representing various cultures from around the world. The dolls in wheelchairs were incorporated in the Disneyland ride in the Latin American section and in the finale scene, Disney said.

The wheelchairs were designed with contributions from Disney staff as well as the ENABLED Business Employee Resource Group.

Disney officials indicated that similar changes to “It’s a Small World” are expected at Walt Disney World in Florida and Disneyland Paris next year. ★



AN INCLUSIVE WORLD AFTER ALL: ANIMATED DOLLS IN WHEELCHAIRS NOW IN DISNEY

## GENE MUTATION LEADING TO AUTISM FOUND TO OVERSTIMULATE BRAIN CELLS

**New Brunswick, New Jersey** — Science has long sought to understand the fundamental brain mechanisms underlying autism spectrum disorder (ASD).

But now, researchers at New Jersey’s Rutgers University have found that a gene mutation known to be associated with the disorder causes an overstimulation of brain cells. They also found that this overstimulation is

far greater than that seen in brain cells without that gene mutation.

Studies suggest autism could result from disruptions in normal brain growth very early in development. These disruptions may be the result of mutations in genes that control brain development.

The seven-year study used some of modern medicine’s most advanced techniques, including growing human brain cells from stem cells and transplanting them into mouse brains. The study was published recently in the journal *Molecular Psychiatry*. ★



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● ► HAMASPIK NEWS

# Wannamaker Briderheim Hosts Spectacular, Successful “Parents Night” Event

*Capacity Crowd of Family Members at Hamaspiik Rockland Men’s Group Home Educated, Entertained and Inspired*

The Wannamaker Briderheim Individualized Residential Alternative (IRA) residence for men with special needs is Hamaspiik of Rockland County’s youngest group home. It’s run by Manager Mr. Joel Horowitz.

Wannamaker recently hosted an elaborate, spectacular and well-planned event on site for parents and relatives of residents. It featured delicious home-catered food, speeches by staff, and kosher live entertainment by community performer Nussi Friedman. (One of the mothers in attendance, later marveling at one of his presentations, told the *Gazette*, “I don’t know how he did what he did!”)

The event was largely planned and executed by Wannamaker Direct Support Professionals (DSPs) Mr. Joel Rottenstein and Mr. Goldberger. “We thought it would be a good idea,” says Mr. Rottenstein. “Parents should see” what Wannamaker is all about and how their sons live and are treated there, he explains. “All staff helped out. It served a purpose: parents and individuals were



THANKS, BOSS! ROTTENSTEIN, GOLDSTEIN AND KUPCZYK (L-R) WITH MR. HOROWITZ (2ND L)

very happy.”

The reason for the event was for parents and family members to get an up-close-and-personal look at the home and what staff members do—and, most importantly, what their sons do.

## BIG PARTY, BIG PLANS

Planning for the event began three

months ago.

Pretty much every staff member contributed to its planning. Event photography was provided by longtime DSP Yankie Goldstein, a talented photographer. Mr. Goldberger presided over the catering, personally producing much of the food, along with longtime DSPs Mr. Moshe Yoel Kupchik and Mr. Dershowitz. Mr. Rottenstein’s wife arranged all the paper goods, food and other event décor—“everything, basically!” proudly shares Mr. Rottenstein. Also, he adds, Hamaspiik Rockland IRA Maintenance Manager Mr. Israel Katina put in a lot of work to prep the residence for the party.

On the afternoon of the party, in the hours before its scheduled start, staff members were busy arranging the house, setting up separate seating areas for men and women.

Couches had to be removed to the backyard porch to make room (once out there, they were set up around a cozy little “fire pit,” where guests enjoyed the décor). There was also a table for children that served nosh.

A speaker system was set up, with a microphone on which speakers spoke and through which a keyboardist provided live music. Likewise, decorative lighting had also been set up.

Gifts later given to the individuals were set up on a table against a wall, on which a collage of photos had been put up, showing the individuals engaged in a variety of activities around the house.

Guests began arriving at 6:00 p.m.

## THE GIFT OF GIVING

Mr. Rottenstein, serving as emcee, introduced each individual and what he



GIFTED: RESIDENT YITZCHAK WITH PRESENT

does in the home—what his hobbies are and what he contributes to the home. He then introduced his fellow DSPs. “I’m a little bit of the new guy here,” he said to introduce his still-outsider’s point of view, “and I can tell you that the staff here, besides getting paid, really care for the individuals—their heart is there and they make sure each individual gets what they need, spiritually and mentally.”

On behalf of Mr. Horowitz and the entire home, Mr. Rottenstein then presented an individualized gift for each resident. “It was also an event for them,” he says, pointing out that, unfortunately, “They don’t make simchos.” (“That was also one of the things we wanted to accomplish,” he side-notes.) Each individual was called up to pose for a photo with staff and his gift upon being given that gift.

Longtime Wannamaker DSP Mr. Dershowitz was also presented with a gift of appreciation by the rest of the staff. Gift-getters all posed with their gifts for photos, too.

Finally, a surprise gift—one that had involved quite a bit of searching and preparation—was presented to the beloved Manager, Mr. Horowitz, by his admiring staff. The gift, one with deep meaning, was a framed portrait of the late Satmar Rebbe, Rabbi Joel Teitelbaum (1887-1979), the spiritual leader of the Satmar denomination and a trailblazing pioneer of Chasidic life in America.

The event’s basic schedule proceeded as follows.

Between 6:30 and 7:00 p.m., since that day had been resident Moshe’s birthday, staff now presented him with a birthday cake. Before also giving him a

CONTINUED ON PAGE 13 >>

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## ● ► HAMASPIK NEWS

# Parents Night

<< CONTINUED FROM PAGE 12

birthday present, Manager Mr. Horowitz first shared a few kind words about the celebrant.

At about 7:00, staff member Mr. Rottenstein delivered an opening/welcoming speech to the entire crowd, delivering a brief outline where everything in the house is located. He then proceeded into his main speech about the individual residents, each set of remarks culminating in the giving of a gift to that individual.

Around 7:30, Mr. Rottenstein introduced all his fellow staff members—speaking about the devotion of each.

A Maariv minyan was held at 7:45.

At 8:00, Nussi Friedman amazed the crowd of children and adults alike with his feats of juggling, balancing and illusion.

After his show, hot tea and cookies were served.

### CROWDING IN

A crowd of over 50 men, women and children was in attendance. Besides parents, all individuals' siblings also attended, as well as quite a few nephews and even one grandmother.

As for whether residents themselves appreciated the event, "They were so happy!" reports Mr. Rottenstein. "They repeatedly said, 'Thank you! It was so

nice! When will you make it again?'"

And how about the crowd?

"They were amazed to the max. Overtaken. Blown away!" says Mr. Rottenstein.

What was the most exciting part of the event? What did parents like the most?

"There was a lot of excitement!" Mr. Rottenstein first replies. "First of all, [guests liked] the whole setting. [Then,] They enjoyed getting to hear more about their kids—getting to see that they're being taken care of so well; getting to look at their rooms and how nice they are. They saw the daily schedule. They liked the individual-based presents [which consisted of sleeping caps and handwashing sets with their names on

them]."

The mother of one resident, speaking to the *Gazette* anonymously, says that her son "became more social with his peers," asked how he changed for the better since he moved in. He was always calling his aunts and uncles, she elaborates, but now, he also connects with his fellow residents.

What does the satisfied parent feel was the most exciting part of the event? What did she enjoy the most?

"They put on a party like, *whoa!* Everything was delicious," she testifies. "They put on a show that everyone enjoyed. I enjoyed meeting other mothers. The people I did connect with were very nice; there was a big crowd, so I didn't connect with everyone. The magic show was amazing. It was very nice that they had a magic show. They had something nice to say about every bochur—they pinpointed every one!"

So, what does Mommy like the most about the Wannamaker Biederheim?

"The people I communicate with over there are very open," she replies. "Whenever I tell them about a concern, it's always addressed. It's very clean, and they're always on time. It's very *mesider* [Yiddish for organized]. He's surrounded by calm people. It's good for him. He has his [quirks] and they know how to handle them. They calm me down!"

"They let him be independent," she adds. "He goes to shul on Shabbos." ★



FOOD FOR BODY AND SOUL: ELEGANT ARRANGEMENTS AWAIT WANNAMAKER'S VIP GUESTS



INTERACTIVE: A RESIDENT JOINS THE SHOW

## ● ► HEALTH NEWS

# Planting Trees Associated With Less Death Due to Heart Disease, Non-Accidental Causes

*Thirty Years of More Trees Linked to Less Fatal Heart Attacks, Strokes in Specific Portland, Oregon Neighborhood*

Portland, Oregon—Trees and nature have long been known for being good for your health. After all, who hasn't benefited from summertime escapes to the therapeutic countryside?

But now, scientists have actually attempted to scientifically establish and measure a direct connection between more trees in a neighborhood and better health—and they may have done so.

Researchers with the U.S. Dept. of Agriculture (USDA)'s Forest Service first joined forces with the Barcelona, Spain-based Institute for Global Health to scrutinize Portland, Oregon.

Specifically, they scrutinized one of 140 specific U.S. Census tracts in Portland, Oregon—because from 1990 to 2019, the Friends of Trees non-profit planted 49,246 street trees across



PLANTING A STAKE IN PUBLIC HEALTH: MORE TREES MEAN LESS HEART DISEASE, SAYS STUDY

Portland, keeping precise records of where and when each was planted. Additionally, public-health data for the same period and same tract was also

available from the state's Oregon Health Authority.

Together, specific data was available on exactly how many trees were planted

there between 1990 to 2019, and how many people died of cardiovascular disease and other "non-accidental" causes there between 1990 and 2019.

The study, published recently in *Environment International*, shows that the tract in question had lower mortality rates than tracts with less trees.

What's more, each tree planted in that tract the preceding 15-30 years was associated with a 20-percent reduction in non-accidental mortality, and six-percent reduction in cardiovascular mortality, among residents of that tract.

Furthermore, the association got stronger as trees aged and grew: the reduction in mortality rate associated with trees planted 11-15 years before was double that observed with trees planted in the preceding one to five years. ★



# Public Health and Policy News

## DECADES OF REGULAR INSULIN USAGE HARDLY CHANGES PUBLIC SUGAR-LEVEL CONTROL

**Baltimore, Maryland** — An analysis of data from the National Health and Nutrition Examination Survey (NHANES) shows that most adults using insulin to control their diabetes are basically not getting anywhere.

According to recent research of NHANES data by the Johns Hopkins Bloomberg School of Public Health in Baltimore, 29 percent of adults aged 20-plus on insulin achieved *glycemic control*, or healthy blood sugar levels, during the years 1988 through 1994.

But the research also found that 27.5

percent of adults aged 20-plus on insulin achieved glycemic control during the years 2013 through 2020.

In other words, the overall rate of glycemic control has remained flat for over 30 years.

But there are likely several factors driving lack of improvement in glycemic control, the researchers noted—primarily, the rising cost of insulin and resulting medication nonadherence.

## AMERICAN CHILDREN STILL EATING TOO MUCH “ULTRA-PROCESSED” FOODS: STUDY

**Boston, Massachusetts** — A recent review of national survey data finds that “ultra-processed” foods formed the majority of energy intake for the average American child.

The Harvard study finds that the average diet of U.S. youth ages two to 19 consists of 61-percent “ultra-processed” foods, which is defined as pre-made ready-to-eat or ready-to-heat foods. Such items are primarily comprised of refined ingredients with additives and little whole foods.

But most recently, that percentage had risen to 67 percent, researchers now say—meaning that two-thirds of the average American youth diet consists of manufactured store-bought food like cereals, soft drinks, fast food and “junk.”

The research drew on yearly interviews conducted by the still-ongoing National Health and Nutrition Examination Survey (NHANES).

The good news is that consumption of sugar-sweetened drinks has dropped to 5.3 percent.

## FLEEING WORKERS RESULTING IN UNDERSTAFFED AND CLOSING U.S. MEDICAL LABS

**Washington, D.C.** — In the long-term wake of the pandemic, the ongoing blight of American workers quitting their jobs across many industries has particularly struck the public health laboratory industry. Public health labs at the city, county and state levels from coast to coast are struggling to remain adequately staffed and operating.

Such labs routinely collect and test samples of drinking water, raw foodstuffs like meat and fish, and fresh



**A LABORATORY FOR INSECURE EMPLOYMENT:** U.S. PUBLIC-HEALTH LABS ARE LOSING HIGH-QUALITY EMPLOYEES DUE TO HIGHER COMPENSATION AND CAREER ADVANCEMENT ELSEWHERE

foods at restaurants to help protect the public against dangerous bacteria.

But two primary factors are now working against labs’ ongoing efficiency: Lab employees, especially those collecting field samples and/or performing lab tests, generally require higher-level college degrees, and lab salaries for such credentialed candidates are often far overshadowed by better-paying jobs elsewhere.

## BESPOKE GENE THERAPY CONSORTIUM (BGTC) TACKLING SHORTAGE OF RARE-DISEASE TREATMENTS

**North Bethesda, Maryland** — *Rare disease* is officially defined by the National Institutes of Health (NIH) as “a disease or condition that impacts less than 200,000 people in the U.S.”

What’s more, says the NIH, there are approximately 7,000 rare diseases—but only two currently have FDA-approved gene therapies.

To address this problem, the FDA, NIH, and 15 private organizations now operate the Bespoke Gene Therapy Consortium (BGTC)—joining forces to increase effective gene therapies for rare diseases.

The Consortium optimizes and streamlines the gene therapy development process to help fill the unmet medical needs of people with rare diseases.

Most rare diseases are caused by a defect in a single gene that could potentially be targeted with a customized or ‘bespoke’ therapy that corrects or replaces the defective gene.

The BGTC is part of the NIH Accelerating Medicines Partnership (AMP) program.

## CARDIAC ARREST SURVIVAL RATES VARY BY UP TO 71 PERCENT BETWEEN HOSPITALS: STUDY

**New York, New York** — A recent study by New York’s very own Icahn

School of Medicine at Mount Sinai found that survival rates for cardiac arrest can vary as much as 71 percent between two randomly chosen hospitals.

For its conclusions, Mt. Sinai researchers analyzed 4,787 patients from 231 U.S. hospitals.

The median survival rate was 36 percent, but the rates varied from 20 percent to 52 percent among hospitals in the lowest and highest tertiles, respectively.

Even in controlled settings, there is significant hospital-level variation in survival after in-hospital cardiac arrest, researchers found.

“Resuscitation frequently relies on an abundance of expertise with a paucity of protocol,” wrote Icahn cardiologist Matthew Tomey, MD in an editorial. “The inherent laxity of this scenario entrusts outcomes ... in large part to the talents, creativity, and fallibility of individuals.”

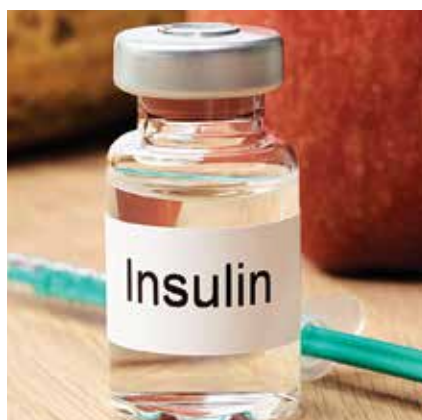
## STUDY FINDS TRAVEL NURSES EARNING STAGGERINGLY MORE THAN FIXED-JOB RNS

**San Francisco, California** — If you’ve got that coveted Registered Nurse (RN) degree, it quite literally pays to hit the road, according to a report from national healthcare hiring marketplace Vivian Health.

The report only confirms a vicious cycle that industry observers have long noted: Hospitals lose fulltime RNs, forcing them to hire temporary replacements for far-higher pay, which in turn drives more fulltime RNs to quit in search of those far-better-paying temporary jobs.

In fact, according to the report, the most extreme pay gap between traveling and non-traveling nurses could be found in the great state of South Dakota, where traveling RNs earn an average of 287 percent what non-traveling RNs earn.

On a national level, the average weekly pay for non-traveling RNs in the U.S. is \$1,591, the report noted—while the average weekly pay for traveling nurses was \$3,204. ★



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# In the Know

Pronounced “FAB-ree,” Fabry disease is a relative rare genetic condition that’s actually related to Gaucher, a condition fairly common in our communities. There are several kinds of Fabry.

According to the National Library of Medicine (NLM)’s MedlinePlus resource, Fabry disease affects an estimated one in 40,000 to 60,000 males worldwide. Prevalence in females is unknown, says MedlinePlus. It also occurs equally in all racial and ethnic populations.

While Fabry is more known for its classic, severe form, MedlinePlus says that milder, late-onset forms of the disorder are probably more common.

In the meantime, here’s everything you need to know to be... in the know.

## Definition

Fabry disease is a genetic condition passed from parent to child.

There are two forms of it: the severe “classic” version that usually shows up early in life, the mild late-onset form that typically first strikes adults.

There are also several other rare sub-forms (which are a topic largely beyond this article); other names for the condition include: Alpha-galactosidase A deficiency; Anderson-Fabry disease; GLA deficiency; and hereditary dystopic lipidosis.

As the Cleveland Clinic explains it, people with Fabry disease are born without the natural enzymes (blood chemicals) that normally break down lipids or fats.

Without those enzymes, the body cannot naturally break down lipids or fats, which then collect in blood vessels and tissue. This particular type of fat is called *globotriaosylceramide*. In turn, this raises the risk of heart attack, stroke and kidney failure.

More specifically, people with Fabry don’t produce enough healthy versions of an enzyme that is called *alpha-galactosidase A* (known in

“

## PEOPLE WITH FABRY DISEASE ARE BORN WITHOUT THE ENZYMES THAT NORMALLY BREAK DOWN FATS

”

short as alpha-GAL). These enzymes normally prevent *sphingolipids*, a fat-like substance, from collecting in blood vessels and tissue. This lack of production is due to a genetic mutation.

Without functioning alpha-GAL enzymes, harmful levels of sphingolipids build up in blood vessels and tissues. Fabry disease could ultimately affect the heart, kidneys, brain, central nervous system and skin.

## CAUSE

Children inherit a mutation (change) in the galactosidase alpha (GLA) gene on the X chromosome from a parent. A parent can pass on that faulty gene in different ways:

- Fathers pass their X chromosome with the faulty gene to all of their daughters. All of these daughters will have the gene mutation that causes Fabry disease. Sons aren’t at risk because males get the Y chromosome from their fathers (not the X chromosome).
- Mothers have a 50-percent chance of passing their affected X chromosome to their daughters or sons. Some family members can have the gene mutation while others don’t.

In more detail: According to the Human Gene Mutation Database, there are over 965 reported mutations in the GLA gene that are responsible for Fabry disease.

As a result of the buildup of

globotriaosylceramide in cells throughout the body, particularly cells lining blood vessels in the skin and cells in the kidneys, heart, and nervous system, damage occurs to those cells—leading to the signs and symptoms of Fabry disease.

Mutations that cause an *absence* of alpha-galactosidase A activity lead to classic Fabry. Mutations that *lower* alpha-galactosidase A activity lead to late-onset Fabry (which usually only affects the heart or kidneys).

A small percentage of females who carry a mutation in one copy of the GLA gene never develop signs and symptoms of Fabry disease.

## SYMPTOMS

As a general rule, men and boys tend to have more severe symptoms than women and girls. In the meantime, here are the overall symptoms.

### General symptoms

- Numbness, tingling, burning or pain in the hands or feet (acroparesthesia)
- Extreme pain during physical activity
- Heat or cold intolerance
- Abnormal opacity in the front of the eye, which does not change one’s vision (corneal opacity, corneal dystrophy or corneal verticillata)
- Flu-like symptoms, including fatigue, fever and body aches
- Gastrointestinal problems, such as diarrhea, constipation and

## ALL ABOUT... FABRY DISEASE

Sources: National Library of Medicine (NLM), Cleveland Clinic, National Organization for Rare Diseases (NORD)





abdominal pain

- Hearing loss or ringing in ears (tinnitus)
- High levels of protein in urine (proteinuria)
- Raised red or purplish skin lesions (angiokeratoma) on the chest, back or other areas
- Sweating less (hypohidrosis) or not at all (anhidrosis)
- Swelling (edema) in the legs, ankles or feet

### Classic Fabry

Symptoms of classic Fabry disease (also known sometimes as Type I Fabry disease) appear during childhood or the teenage years. One hallmark symptom, a painful burning sensation in the hands and feet, may be noticeable as early as age two. In these cases, symptoms get progressively worse over time.

Cardiac disease due to classic Fabry can be found in all parts of the heart, including valves, nerves, and arteries. This heart disease includes heart enlargement, rhythm abnormalities (arrhythmias), or even heart failure.

About seven percent of males and four percent of females with classic Fabry have strokes, which typically happen at age 40 or later.

### Late-onset Fabry

People with late-onset Fabry disease (also known sometimes as Type II Fabry disease) don't have symptoms until they're in their 30s or older. The first indication of a problem may be kidney failure (renal dysfunction, proteinuria, etc.) or heart disease.

### Complications

Years of build-up of fatty substance can damage blood vessels and lead to life-threatening problems, such as:

- Heart problems, including arrhythmia, heart attacks, enlarged heart and heart failure
- Kidney failure
- Nerve damage (peripheral neuropathy)
- Strokes, including transient ischemic attacks (TIA or mini-strokes)

### Additional symptoms of classic Fabry

- Chronic fatigue
- Dizziness
- Headache
- Generalized weakness, nausea, and/or vomiting
- Lack of or sparse hair growth
- Rarely, malformation of the joints of the fingers

Also, some men or boys with classic Fabry have abnormal accumulation of *lymph* in the feet and legs associated with swelling (lymphedema). In these patients, lymph, a body fluid containing certain white blood cells, fats, and proteins, accumulates outside blood vessels in spaces between

cells and drains or flows back into the bloodstream via lymph vessels. Lymphedema results from disruption of lymph's normal drainage due to the glycolipid accumulation in the lymphatic vessels and lymph nodes.

Respiratory abnormalities, primarily involving accumulation of glycosphingolipids in the lungs, and the resulting *fibrosis*, or the thickening and scarring of connective tissue, can cause lung disease in some Fabry patients.

Symptoms of the following disorders can be similar to those of Fabry disease:

- Schindler disease, a rare inherited metabolic disorder characterized by a deficiency of the enzyme alpha-NAGA.
- Gaucher (goh-SHAY) disease, is one of the most common of the lipid storage diseases and is characterized by the abnormal accumulation of certain fatty substances in various organs of the body. Symptoms develop due to a deficiency in the enzyme glucocerebrosidase.
- Fucosidosis, an extremely rare inherited lysosomal storage disease characterized by a deficiency of the

number of U.S. states now require the routine testing of newborns for Fabry disease and other lysosomal storage disorders. The enzyme test is included as part of standard neonatal hospital care and treatment.

### TREATMENT

There are two treatments that may slow down the build-up of the fatty substances with the goal of preventing heart problems, kidney disease and other life-threatening complications:

The first one, enzyme replacement therapy (ERT), is the cornerstone of treatment of Fabry disease. It replaces the missing enzyme and reduces the accumulated glycolipids in cells throughout the body.

In ERT, synthetic enzyme (which is produced by recombinant DNA technology) is infused intravenously every two weeks—the patient receives an intravenous (IV) infusion of lab-made agalsidase alpha (brand name: Replagal) or agalsidase beta (brand

and enhance the residual enzymatic activity of certain mutations.

But not everyone with Fabry disease can be treated with this medication. It depends on the patient's specific genetic mutation in the GLA gene to determine if the patient is eligible.

Adjunct therapies also include low daily doses of drugs called *diphenylhydantoin*, *carbamazepine*, or *Neurontin*. These help to manage the acroparesthesia (numbness and tingling in the fingers and toes) that are common and painful symptoms of Fabry disease.

Other later complications (e.g., kidney failure or heart problems) should be treated symptomatically after consultation with a physician who is experienced in the care of patients with Fabry disease.

Hemodialysis and kidney (renal) transplantation may be necessary in cases that have progressed to kidney failure.

### Emergency treatment

Call your doctor if you have Fabry disease and are experiencing:

- Chest pain, irregular heartbeat, shortness of breath or signs of heart attack
- Excessive swelling or fluid retention
- Extreme dizziness, vision problems or signs of stroke
- Hearing loss
- Severe abdominal pain or diarrhea

Additionally, researchers are actively developing several new therapies using genetic engineering and stem cell technologies.

### PREVENTION AND PROGNOSIS

Because Fabry disease is inherited, it can't be prevented utilizing standard medicine.

However, utilizing more advanced genetic and other techniques, various things can be done to ensure that children are not born with the genetic mutation that causes Fabry. Speak to trusted community authorities for more information on this delicate and complex issue.

Because Fabry disease is progressive, symptoms and risk of serious complications get worse with age.

People with Fabry disease have a higher risk of life-threatening problems that can shorten life expectancy.

On average, males with classic Fabry disease tend to live to their late 50s. Females with the disease often live into their 70s.

And now for the good news!

Patients may add years to their lives by getting appropriate care for heart and kidney disease and taking steps to reduce strokes. ★

“ONE HALLMARK SYMPTOM, A PAINFUL AND BURNING SENSATION IN THE HANDS AND FEET, MAY BE NOTICEABLE AS EARLY AS AGE TWO



enzyme alpha-L-fucosidase.

- Erythromelalgia, a rare condition that primarily affects the feet and less commonly, the hands. It is characterized by intense burning pain of affected extremities, severe redness, and increased skin temperature that may be episodic or almost continuous in nature.

### DIAGNOSIS

The doctor may order tests to diagnose Fabry disease, including:

- Enzyme assay: This test measures alpha-GAL enzymes in blood. Measurements of one percent or lower indicate disease. This test is most reliable for males and should not be used in females.
- Genetic: Because females with Fabry disease can have normal levels of alpha-GAL enzymes, providers use genetic testing (DNA sequencing) to identify the GLA gene mutation.
- Newborn screenings: A growing

name: Fabrazyme). This replacement enzyme does the work of the missing alpha-GAL enzyme so that fatty substances don't build up. The patient may receive an antihistamine and other medications before therapy to prevent an allergic reaction.

The ERT treatment has been shown to slow or prevent the decline of renal function especially if initiated early before advanced kidney damage, improve neuropathic pain and heat intolerance. Early initiation of ERT is important especially in type 1 classically affected males.

The other primary treatment for adults with Fabry disease is called *oral chaperone therapy*.

*Chaperones* are small molecules that repair faulty alpha-GAL enzyme. The mended enzymes can then break down the fatty substance. With this therapy, the patient takes a pill of migalastat (brand name: Galafold) every other day to stabilize the faulty alpha-GAL enzyme. Galafold is a pharmacologic chaperone that can bind to, stabilize,

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Expanded Space,

# Expanded Hearts

Hamaspiik's new building at 1575 46<sup>th</sup> street allows ASR programs to grow their services... and give more support



**Mr. Yehuda Spangelet, director of day services,** is the heart and soul of all the after-school respite programs (as well as day hubs, The Hamaspiik School, and Kinderville). His dedication and enthusiasm enable the ASR programs to thrive, and keep expanding to fill the needs of the community.



**Mr. Ari Klar, designer and director of maintenance for the day services,** was the one who transformed the new building from an empty shell to beautiful, brand-new, ready-to-use premises. From the concepts to design, from floor plans to room elevations, from choosing the tiles to selecting light fittings, Mr. Klar's exquisite design concept and meticulous architectural skill brought the new building from vision to reality.



**Mr. Nathan Steinmetz, IT manager, directed the planning and installation of all technical aspects of the new premises,** including doorbells, security cameras, sound systems, and, of course, computers, connectivity, printers, and phone lines. Mr. Steinmetz brought the project to completion with careful attention to detail, ensuring that the programs would be able to flourish in their new home.



**Haktanim:** Haktanim, one of the two after-school respite programs housed in the new building, is directed by Mrs. Yocheved Lerner and Mrs. Shaindy Wolf. The program caters to children with special needs, ages two through eight and is divided into groups based on age. Haktanim's goal is to help the children develop optimally and reinforce key life skills while having a great time — and giving their parents much-needed respite during after-school hours, Sundays, Shabbos and Yom Tov, and legal holidays.



**Ahavas Golda:** Ahavas Golda, also in the new building, and directed by Mrs. Surie Moskowitz and Miss Tzivi Gruenwald, is a haven for high-functioning girls and women with special needs. Open daily during after-school hours, it's the perfect place for doing homework, unwinding after a long day, and schmoozing with friends. Ahavas Golda and its sister program, Lev Chaya, run full programs on days off as well — including Shabbos morning and afternoon activities, Motzei Shabbos game nights, and Sunday trips and entertainment.

## Worth a Thousand Words

A walk-through 1575 46<sup>th</sup> Street, Hamaspiik's new building for two after-school respite programs



Turn the corner, pass the bank, and view the elegant facade of Hamaspiik's new location for Haktanim and Ahavas Golda, on the second and third floors of 1575 46<sup>th</sup> Street. The Hamaspiik logo makes it easy to spot — so it's clear to all that here is a building pulsing with compassion, dedication, and top-quality services.



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## Expanded Space, Expanded Hearts

*Hamaspiik's New ASR Location*

# From Concept to Completion

How the creation of a new building happens at Hamaspiik

### MR. WERTHEIMER

*Executive Director at Hamaspiik of Kings County*

**Tremendous growth.** In a nutshell, that's why the new building was needed.

The ASR (after-school respite) programs have grown exponentially over the past year, and Ahavas Golda and Haktanim both number over 70 children — they're huge, well-developed programs, in need of a place to call their own.

In the past, the ASR programs were run from locations that were used during the day by other departments, such as the Day Habs. However, since Ahavas Golda and Haktanim both run all day on Sundays and legal holidays, the logistics were complicated.

There was so much *siyata d'hmaya* involved in sourcing, developing, and constructing the new premises. And, of course, there are many people across several departments to thank as well.

In particular, credit goes to Mr. Spangelet, director of day services, who managed the entire project from sourcing the building until its completion. Additionally, the entire growth and constant expansion of the ASR programs are truly thanks to his dedicated leadership — and his commitment to fill the needs of the community by adding more and more to the services that Hamaspiik offers.

The beautiful design of the new location was done by Mr. Ari Klar, who also liaised with the construction company to supervise every detail of the building. Our goal was to create the feeling that these programs are like any other *moisad*; it's a classic, mainstream



environment, with offices, a front desk, classrooms, and so on.

Mr. Nathan Steinmetz and the IT department outdid themselves in ensuring every technical detail would be in place. The maintenance team, particularly Mr. Shlomo Zalman Neuhaus and Mr. Shlomo Reich, went above and beyond to make sure the building was ready for move-in on the first day of the school year. And Baruch Hashem, the entire project was a seamless success — complete in record time!

The building is magnificent, state-of-the-art, and fully equipped to provide the best possible services. Above all, it's a place filled with care, devotion, and compassion, where the children truly love coming each day.

The process, though extremely smooth, didn't happen on its own. Here's how it happened....

### MR. SPANGELET

*Day Services Director, Hamaspiik of Kings County*

#### This project started last year.

When it comes to the ASR programs, one of the most important aspects is the ability to offer services at all times, whenever they're needed — because when there's a need, Hamaspiik steps in to fill it.

With the programs growing in size, and offering services during more and more hours, they began to feel the drawbacks of their own premises more acutely. Ideally, each program should have its own rooms — to decorate them as they like, store supplies in their own closets, and be able to set up, clear, and use the space whenever they'd like.

But as the programs, as well as the day habs, kept growing, the rooms were all being used by both.

Inevitably, this meant that timing began to clash — every legal holiday and every Sunday was a challenge. We got creative, taking the programs on trips, making it work, but it was clear that every program needed a place of its own.

So we set to work, looking for a building that could fill our needs. We went to multiple places, and then this location became available — the perfect building!

We signed the lease in February 2022, and then it was time

to plan. Haktanim and Ahavas Golda would each be receiving a full floor, an empty shell, and we wanted to customize it exactly according to their needs. We had to think about things like how many rooms to build, and what size those rooms should be. (Haktanim wanted several smaller classrooms, while Ahavas Golda needed fewer rooms, but larger.) What other rooms would be needed? (Some examples of what the programs requested: a kitchen, a sensory room, and a small "quiet room" for a girl having a hard day.)

We considered seasonal needs as well: would Ahavas Golda need a room with a stage for performances? The office area could have been designed for a single receptionist, but in the run-up to Shabbatons we have five or six volunteers making calls for us, so

we had to ensure that the office would have space to expand into a call center several times a year.



### MR. KLAR

*Designer and Director of Maintenance, Hamaspiik of Kings County*

**Once we'd met** with the Haktanim and Ahavas Golda directors to finalize what they'd need,

it was time to create the blueprints. We wanted to ensure that the space would be maximized, and the layout would be optimal for the programs. And, in true Hamaspiik fashion, we wanted to give them the best of everything, from a contemporary kitchen to engaging sensory rooms to wall tiles going halfway up the walls, which we specifically selected

to make it easier to keep the walls pristine.

After designing the layout, there were many other details to finalize: what flooring to use in the hallways, the classrooms, the bathrooms. The light fixtures: which type, which size, and their placement. The paint colors for each part of each room — walls, windows, doors. Then we

placed orders for all the supplies that would be needed. The AC system, the speaker system, the offices and their technical set-up — Mr. Nathan Steinmetz and the IT department came through with efficiency and skill, ensuring that all the technical aspects were taken care of.

All those hundreds of intricate details are a story of their own.

## ● ► HAMASPIK NEWS



## Perspectives

*Your Take in Your Words*

## Wednesdays at the South 9th Inzerheim

Where the ordinary becomes extraordinary

By: Chaya Sarah Stark, drama/dance teacher

### *A Direct Support Professional's take*

**W**ednesdays used to be just another day of the week, like Mondays, Tuesdays, and Thursdays. You know the drill. Get up, get dressed, go to work, come home, eat dinner, do some paperwork, and then get ready to go to sleep so that you can do the entire thing again the next day.

That is, until 69 South 9th Street became my Wednesday evening destination for joy, laughter, and as the girls so aptly describe it, "This is our happy place."

I usually arrive while the girls are having dinner. I am greeted with hugs and cheers. We eat dinner together and the girls discuss their day. I sometimes share anecdotes about my day and they inevitably find my life both interesting and funny. How nice it is that to them, EVERYTHING is interesting.

Sometimes when I arrive, the place is set up like a high-end *sheva brachos*. At Inzerheim, it seems that there is always something to celebrate. Somebody's birthday, someone's graduation, Purim, Shavuot. Every time I come, the place looks so pretty and festive. I question the girls as to whether they have invented a new Yom Tov that no one told me about. They reassure me that they haven't.

Inzerheim is spotless. Eat-off-the-floor spotless. Except that the table manners of these girls are so sophisticated that nothing reaches the floor.

After supper, the fun begins.

We do some form of drama first. The girls make up skits using homemade costumes. We go through a series of WH questions to guess what the pantomime is, and everyone claps and cheers for the creators of the skit. Yomim Tovim, Sefirah and other occasions are the opportunity for me to dip into my bag of tricks and see

how I can make the lead-up to these days special.

I am very ably assisted in this venture by counselors who give heart and soul. They truly regard what they do as a labor of love, and it shows.

And then we dance. I believe that dance is the expression of the *neshama* and it seems that the girls agree with me. When we dance, we have no worries or outside concerns. We are connected to Hashem and to each other in the best possible way.

One of them ends each session by

A lot of what goes on in a home such as ours goes on behind the scenes. All that I see is a smoothly running place with no clue as to how much work (and possibly aggravation!) went on to make it look "that easy and smooth." It's a really happy and happening place and whoever works here, like me, feels so privileged to have a piece of the proverbial pie.

We end our sessions with a closing circle. We sing "Thank You, Hashem" and we go around the circle so each girl can state what she is grateful for today. There

*I tell them how lucky I am to work in a beautiful home with such special people and I end with a cheer: "What is my favorite day of the week?" "Wednesday," they all shout in unison*

break-dancing. Another one flies as she dances and it is beautiful to watch. One of the girls is a very elegant ballroom dancer. As she twirls one or another of the girls around the room, her inner grace shines through. Sometimes we are lucky enough to be treated to the presence of Mrs. Cziment, who relaxes after a long day by participating in drama or dancing with us.

Ah yes, Mrs. Cziment. Call her at eight in the morning or eleven at night and she will pick up the phone with the same level of care, warmth, and good old-fashioned commonsense. All of us are treated royally and there are so many occasions where we are gifted by her with homemade goodies and beautiful words of inspiration—all prepared with such heartfelt wishes.

were girls who started the year totally speechless who are now able to say, "I need more time. Please get back to me." And when we do, they can articulate in a full sentence what they are grateful for. Some of the shares are sweet, some are poignant, and some are downright funny. Mine is always the same. I tell them how lucky I am to work in a beautiful home with such special people and I end with a cheer: "What is my favorite day of the week?"

"Wednesday," they all shout in unison.

Inevitably one or more of the girls chime in, "Mine too, mine too!" and when I leave, my heart is full, and I remind myself that in a week, *b'ezras Hashem*, I will have this extraordinary experience once more.







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## Status Report

# Happening In Hospitals Today

### TO HELP REDUCE EMPLOYEE STRESS, NATIONAL HOSPITAL SYSTEM TRIES DAILY-PAYCHECKS

**Livonia, Michigan** — Life can be quite stressful when you're living paycheck to paycheck—especially if you're a lower-paid, hard-working employee at a hospital.

So to help reduce employee stress, the Michigan-based Trinity Health system piloted a system in which employees can collect their day's pay the very next day—instead of waiting for that bi-weekly paycheck.

The system, deployed this past summer for some 6,000 employees of its continuing-care departments, was reportedly a resounding success. Trinity Health, which employs some 120,000 workers at around 225 facilities across 26 states, now plans to roll the daily pay system out across its entire organization over the year of 2023.

According to Trinity senior vice president and chief nursing officer Dr. Gay Landstrom, PhD, RN, the electronic process is simple—and even higher-paid employees are using it.

### NEW HOSPITAL BUILDING RISES IN STILL-BOOMING FLORIDA

**Jacksonville, Florida** — Contrary to popular misconception, Florida actually has America's eighth-fastest growing state population—behind Texas, Idaho and yes, Utah (and others). (And, also contrary to popular misconception, New York's population is actually stable, not shrinking.)

But still, that population growth—



**MAKE EVERY DAY PAYDAY:** TO REDUCE EMPLOYEE STRESS, ONE MICHIGAN-BASED HOSPITAL SYSTEM IS DOING JUST THAT—AND REPORTS THAT THE PROGRAM IS SUCCESSFUL AND POPULAR

and the resulting economic growth—is a key factor in Florida's new-hospital growth. A textbook example of that is the new six-story Baptist Medical Center Clay hospital building that just opened in Fleming Island, Florida.

The comprehensive new medical center becomes the fourth hospital to serve northeast Florida's Clay County, a growing region just outside of metropolitan Jacksonville.

The full-service, \$234 million hospital is the culmination of two years of construction. It houses 102 beds, 20 maternity rooms, a neonatal intensive care unit and other specialty units.

### YEAR 2023'S 'BIG 3': THE POST-PANDEMIC, HOSPITAL PRICE SPIKES, AND MEDICARE ADVANTAGE

**Boston, Massachusetts** — Here's what's going to be happening in hospital news in 2023, says industry outlet *STAT News*: The COVID-19 public-health emergency (PHE) will end, spiking hospital prices will continue to hit paychecks, and the government's

Medicare Advantage program will grow on.

The federal PHE, renewed every 90 days to maintain certain health care flexibilities and waivers, has been in place since early 2020 and renewed since.

The latest renewal runs through April 2023.

Much of rising hospital prices involve private insurance—companies that routinely get charged by hospitals far more than the set prices paid for Medicare or Medicaid patients.

Insurers will continue passing those costs onto patients by making insurance more expensive in 2023.

Medicare Advantage grew by 8.9 percent from in Jan. 2021 to Jan. 2022, a trend expected to continue in 2023.

### EMERGENCY-ROOM STAFF CONCERNED MORE ABOUT PATIENT HARM THAN LAWSUITS

**Amherst, Massachusetts** — “Doctors order more tests because they're afraid of getting sued” is a common refrain nowadays.

But whether it's true or not remains debatable—especially in light of a new survey of emergency-room MDs and other staff conducted by the University of Massachusetts Amherst.

Using a six-point scale, with “1” being “strongly disagree” and “6” being “strongly agree,” some 1,200 ER professionals were asked if they were “fearful of making a mistake which results in harm to the patient” and “fearful of making a mistake which results in being sued.”

More reported fear of harm than fear of lawsuit.

In fact, fear-of-harm scores were higher regardless of clinician type, experience, or gender.

While few studies have evaluated excess testing and referrals alone, one 2019 review on waste in the U.S. yielded an estimate of overtreatment totaling at least \$75.7 billion.

### FIVE REASONS HOSPITALS ARE RAMPING UP EMERGENCY PREPARATIONS: REPORT

**New York, New York** — According to a recent media report, many hospitals are evolving their emergency preparedness procedures to protect against five specific modern threats:

1. A new epidemic. Hospitals are still on high alert from COVID-19, which proved how far and fast infectious agents can spread.
2. Violence against employees. Attacks on medical professionals rose 63 percent between 2011 and 2018, according to the federal Bureau of Labor Statistics (BLS).
3. Extreme weather. Some 16 Florida hospitals had to evacuate when Hurricane Ian hit in September, for example.
4. Cyber threats. The American Association of Medical Colleges (AAMC) estimates that one in three healthcare organizations was hit by ransomware in 2020 alone.
5. Limited hospital resources. Financial strain coupled with high employee and leadership turnover makes emergency prep even more difficult.

### SAFETY CULTURE, STAFF SHORTAGES, INFECTIONS IN TOP FIVE PATIENT-SAFETY ISSUES: PANEL

**Chicago, Illinois** — Sometimes the objective eye of an expert outside party is what's needed for a fair assessment of your own company or industry.

That fact lends credence to the Clinical Leadership & Infection Control editorial team at *Becker's Hospital Review*, a leading industry publication—which recently chose five patient safety issues for healthcare leaders to prioritize, based on their own industry analysis.

Here is *Becker's* list:

1. Rebuilding/strengthening a culture of safety—reducing diagnostic errors and patient falls
2. Staffing shortages—stemming and reversing the loss of nurses and other vital workers
3. Capacity issues—addressing surge ER overcrowding due to insufficient inpatient beds
4. Ingraining health equity into core safety work—improving health of minority groups
5. Healthcare-associated infections—a chronic problem made worse by COVID



**A BOOMING (HEALTH) ECONOMY:** FLORIDA'S NEW BAPTIST MEDICAL CENTER CLAY HOSPITAL





# The Senior Care Gazette

News from  
the World of  
Hamaspik  
HomeCare and  
Senior Health

## Hamaspik HomeCare Now Giving PCA Competency Tests, Prep to Promising Personal Care Aide (PCA) Candidates

### Twice-Monthly Exams Streamline Employment Process

Two years ago, Hamaspik HomeCare was faced with the same problem plaguing every healthcare facility: Not enough staff.

Today, it's the opposite.

In recent months, reports Hamaspik HomeCare Field Nurse Adina Bodlander, RN, the agency has been seeing an average of 40 new applicants a month. Most are already hardworking members of the workforce—people like school bus drivers who may need a second job. Said applicants are unique people with non-formal care experience: volunteers and unpaid caregivers, or even licensed *certified nursing assistants* (CNAs) in hospitals or nursing homes. They're turning to Hamaspik HomeCare to get certified as personal care aides (PCAs).

To become a PCA, one must have a

minimum three months' consecutive experience, within the last two years, of *personal informal care*. This includes assisting people with showering, grooming and dressing; help with walking and preparing meals; helping with personal hygiene like oral, podiatric, or skin care; and accompaniment to medical or recreational appointments.

The agency has responded with its newly-revamped and updated PCA training course and exam. "It is something unique that we are certified to do," says Mrs. Bodlander. "Not all homecare agencies offer this exam."

The one-day exam is three-part: an interview, a written test, and a demonstration of skills.

"The ideal candidate is someone who has these basic personal care skills,

and is comfortable and experienced with providing hands-on care," Mrs. Bodlander goes on. "We are also ideally looking for applicants with significant availability... Most shifts are a minimum of six hours."

But to streamline the process, and to give applicants the best-possible passing chance, Hamaspik HomeCare has introduced two mechanisms. The first is providing applicants with a list of all documentation—immunities and other "medicals," citizenship or legal status, relevant state registrations, and so on—to be submitted before the exam. The second is study materials.

The agency gives applicants information on basic PCA duties in several languages to accommodate the many bilingual immigrants in the work-

applicant body.

Once documentation is prepared and applicants have studied, they may return for their exams, which are now given twice monthly at Hamaspik HomeCare's upstate headquarters and Brooklyn offices.

This course should be viewed as a bridge course, with qualified individuals able to get their PCA certificate without the standard 70-hour course mandated by the state Dept. of Health (DOH).

"We do invest a lot of time in this course," Mrs. Bodlander concludes. "We look at it as a great opportunity to grow our team of experienced caregivers while giving these applicants the opportunity to quickly pivot into this field and be a part of Hamaspik HomeCare." ★

#### ● ► HEALTH NEWS

## Expert Differs on 'Nearly 100% Accurate' Dementia Predictor Test

**Nanchang, China** — If only it were that simple.

Researchers at Nanchang University's Second Affiliated Hospital in China now say that dementia can be predicted using a practical new data tool. But dementia experts aren't so sure.

Chinese scientists first obtained decades of annually-volunteered health information on nearly 450,000 British citizens from a public-health study called the U.K. Biobank.

They then compared the number of individuals various health variables, like diabetes or hypertension, at younger ages with the number of those individuals who also developed dementia at a later age.

Most importantly, they also assigned a specific number of points to each variable. Individuals with the highest number of points had the highest risk of dementia.

Specifically, individuals scoring 20 or more points had dementia risks of nine percent and up (depending on how many additional variables, and hence

points, were in the calculation).

What's more, the researcher claim that—for certain individuals with certain variables—their new dementia-risk scoring system can predict the later development of dementia at close to 100-percent accuracy.

Here's one example: A man who first began providing personal health info to the Biobank at age 70 (ten points), is underweight (three points), has a low educational level (one point), and has a history of diabetes (one point) and cerebrovascular disease (five points), scores a total 20 points.

Such an individual, according to the scoring system, has a nine-percent risk of coming down with dementia at Year Five of Biobank participation—meaning, nine out of every 100 such men with the exact same variables will get dementia.

According to the research, the same man has a 31-percent risk of dementia at Year Nine—meaning that 31 out of every 100 such participants with the exact same variables will get dementia. By

the 13th year of Biobank participation, the same man has a 54-percent risk of dementia—meaning that 54 out of every 100 such men with the exact same variables will get dementia.

However, "The claim that 'the risk score model yielded nearly 100% prediction accuracy of 13-year dementia risk' is extremely

misleading," David Curtis, MD, PhD, of University College London (UCL) in England, posted on the Science Media Centre website. "The score does not accurately predict whether or not one will develop dementia in 13 years, rather it provides the probability that somebody will develop dementia," he pointed out. "This would be like me claiming that I can predict the risk of getting heads when I toss a coin with 100% accuracy—the risk of getting a head is 0.5." ★

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