



The Hamaspik Gazette

News of NYSHA
Member Agencies
and General Health

AUGUST '24 • ISSUE NO. 224



GAZETTE SURVEY

The GAZETTE asks YOU:

HAVE YOU EVER TRIED, OR CURRENTLY ARE ON, AN INTERMITTENT FASTING DIET?

A: YES; B: NO

Respond to: survey@nyshainc.org • 845-655-0667



FAST STAT

SOME BASICS ON INTERMITTENT-FASTING (IF) DIETS:

Average calories saved by skipping meal	500
Waist circumference loss over 24-week period	4-7%
Average weight loss:	7-11lbs

Sources: DietVsDisease.org; Harvard University



HEALTH TIP

DO FAST(ING) RIGHT

Intermittent fasting (IF) works by mimicking simpler eras and habits free of computers, tech and late nights—when eating stopped at bedtime, portions were smaller, and more people worked and played outdoors. Which IF plan is best depends on your body/doctor/preference(s)—but the 16:8 method (fast 16 hours, eat only during 8 hours) is most popular because it's the simplest.

Sources: Johns Hopkins, DoFasting.com

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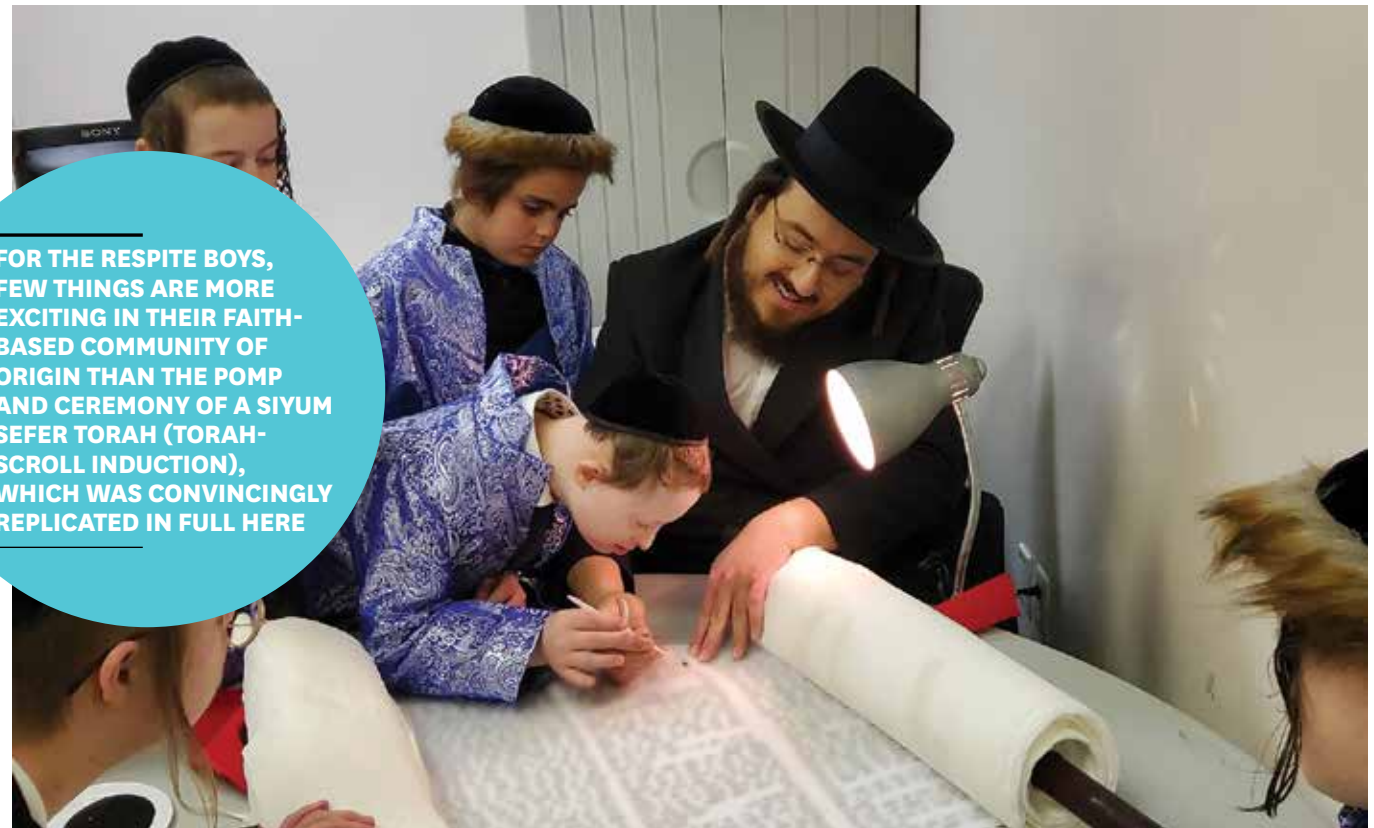
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FOR THE RESPITE BOYS, FEW THINGS ARE MORE EXCITING IN THEIR FAITH-BASED COMMUNITY OF ORIGIN THAN THE POMP AND CEREMONY OF A SIYUM SEFER TORAH (TORAH-SCROLL INDUCTION), WHICH WAS CONVINCINGLY REPLICATED IN FULL HERE

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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

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.

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. Made possible by Orange county OFA/ NYS OFA.

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 homemaker, 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 Hamaspik news.

MAMTAKIM

A summer camp for individuals approved for OPWDD services.

DOE

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. The Summer Food Service Program (SFSP) provides free meals and snacks to eligible children and teens ages 18 and under when school is not in session.

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

With Care Manager Down, Supervisor Steps Up

Client on Caregiver's Roster Loses Medicaid—but Gets it Back Thanks to Meticulous Intervention by Higher-Up

When a Care Manager at Tri-County Care needs backup, a Care Manager Supervisor will be there, whether it's helping solve a troublesome problem, providing missing information—or, as recently occurred, simply stepping up to the plate when a Care Manager had to be out.

In this particular case, a client had lost it—his duly-registered Medicaid membership, that is.

And so a Care Manager Supervisor at a Tri-County Care Hudson Valley office took the time and effort to restore it.

To preface, all Tri-County Care services are covered by Medicaid, the state/federal healthcare program for the poor and/or people with disabilities. In New York, Medicaid covers all supports and services to people with disabilities under the New York State Office for People With Developmental Disabilities (OPWDD)—which includes Care Coordination Organizations (CCOs) like Tri-County Care.

The saga began when the individual

receiving supports and services from TCC lost his Medicaid.

For an individual with disabilities getting supports and services through TCC, losing Medicaid was a big deal—he stood to lose those services without it.

With the Care Manager for that particular individual having been out for some time for personal reasons, a zealous private advocate for the individual did the next best thing: going up the ladder to the Supervisor. That advocate was especially concerned and insistent that the matter be rectified, as the individual in question is on costly drugs covered by Medicaid that his family could not otherwise afford.

The Supervisor elaborates that Medicaid-funded State OPWDD services are provided at the county level, through each regional county's Local Department of Social Services (LDSS) office. Thus, any change for any Tri-County Care client—such as reactivating any lapsed Medicaid memberships—must be registered with the regional LDSS office.

Thus, the first thing the Supervisor did was to reach out to the Rockland County Dept. of Social Services office.

An official there informed him that, for whatever reasons, the case was now the jurisdiction of the OPWDD's regional Hudson Valley offices. But that office informed him that responsibility for the individual's case had now been returned to the Rockland County LDSS office.

Case closed? Not quite, as it turned out.

Now again attempting to determine the individual's Medicaid status from the Rockland County Dept. of Social Services, he received conflicting information from that LDSS, and then the OPWDD, on where the case was being handled.

But in a subsequent e-mail reply, an OPWDD staffer informed the supervisor that the individual's reinstatement was now being handled by the New York State Office of Mental Health (OMH). Upon resolution, it was transferred back to the OPWDD.

Thus came to a close a three-week saga—one involving repeated calls to several offices and departments at county and state level, until the right people were contacted, correct information was submitted, and a critical clerical error corrected.

What's more, an OPWDD official notified the Supervisor, the individual's Medicaid reinstatement was to retroactively extend coverage back to April, when it had been originally terminated, and indeed to the preceding May.

The trail of phone calls and e-mail communications ultimately ended when the Supervisor received an e-mail from the OPWDD stating, among other things, "There is no gap in services... no further action is needed at this time."

The process involved no less than four public offices and days of phone calls and e-mails—a proactive effort on the part of a conscientious Supervisor, without which a young man's Medicaid might not have been restored. ★

● ► HEALTH NEWS

Ginkgo Extract Speeds Early Cognitive Recovery in Stroke Survivors, Finds Study

Patients injected with IV version of extract's active ingredients showed higher cognitive test scores at 14, 90 days post-stroke

Phoenix, Arizona — The ginkgo (ginkgo biloba) tree is long associated with natural health, with many ginkgo products made with extract prepared from its fan-shaped leaves. It is widely used in traditional Chinese medicine and available as a supplement in the U.S. (Raw or roasted ginkgo seeds, which can be poisonous, should not be eaten.)

According to the Mayo Clinic, while ginkgo extract products "appear to be safe in moderate amounts," ginkgo—contrary to some myths—is not supported by existing research to slow or prevent dementia.

However, in new research recently presented at the American Stroke Association's annual convention in Phoenix, Arizona, there is now some evidence that some active ingredients in ginkgo give stroke survivors better early recovery of cognitive function.

That means that people getting intravenous injections of those active

ingredients during the first two weeks after an ischemic (clot-caused) stroke showed better mental recovery at both 14 days and 90 days after their strokes.

Researchers had analyzed the cognitive recovery of over 3,163 stroke survivors treated for mild to moderate ischemic stroke. Starting within 48 hours of stroke, about half were given daily IV injections of ginkgo diterpene lactone meglumine (GDLM), a combination of the biologically active components of ginkgo biloba, and the other half a placebo.

The researchers found that after 90 days, ginkgo patients had higher scores than non-ginkgo patients on the



A STROKE OF GOOD RECOVERY: GINGKO EXTRACT HELPS POST-STROKE PATIENTS, SAYS STUDY

Montreal Cognitive Assessment scale (MoCA), a test commonly used on stroke patients.

The findings are significant because currently, ginkgo biloba is neither approved by the U.S. Food and Drug

Administration (FDA) for any medicinal use nor considered beneficial by the National Center for Complementary and Integrative Health (NCCIH), one of the federal National Institutes of Health (NIH). ★

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Happening in Health Today



SCIENTISTS MAKE PROGRESS ON UNIVERSAL SNAKEBITE ANTIDOTE

San Diego, California — Usually when someone gets bitten by a venomous snake, the lifesaving antidote used depends on the species of snake. Most snakes have unique venom, and thus unique antidotes.

But now, researchers at the San Diego, California-based Scripps Research Institute have discovered a common protein in the venom of many venomous snakes. Building an antivenin around that protein, they discovered that in lab mice, it blocks the lethal toxins from a wide variety of the world's most venomous snakes.

Over 100,000 people a year, mostly in Asia and Africa, die from snake bites, the researchers noted. "This could be incredibly valuable for people in low- and middle-income



LESS DANGER: A PROTEIN IN MANY SNAKE VENOMS MAY LEAD TO A UNIVERSAL ANTIDOTE

countries that have the largest burden of deaths and injuries from snakebites," said senior researcher Joseph Jardine.

Current antivenins are produced by immunizing animals with snake venom, and each typically works only against a single snake species. ★

BRAIN CHANGES BEHIND PAIN SENSITIVITY MAY AFFECT OLDER WOMEN MORE

Columbus, Ohio — Women are generally assumed to be more sensitive than men to pain, whether physical or emotional. Now, a study has found that changes in the brains of aging people may affect women more than men, making older women more sensitive to moderate physical pain than older men.

The study, published recently in *The Journal of Pain*, took functional MRI (fMRI) brain scans of just under 60 women and men divided about evenly—focusing on the *descending pain modulatory system* (DPMS), an internal brain signaling system that (among other things) helps the brain reduce pain signals.

Participants were first subjected to increasing levels of heat, and asked to rate the intensity and unpleasantness of any resulting pain. Their brain responses at different stages were then examined.

Researchers found that older men showed an increased DPMS response,

while older women actually showed a decreased DPMS response.

LONG-DROPPED SOURCE OF GROWTH HORMONE MAY HAVE TRANSMITTED ALZHEIMER'S

London, England — According to research published in *Nature Medicine*, early dementia or biomarker changes consistent with Alzheimer's disease were linked to five adults who as children had received human growth hormone that had been harvested from deceased donors.

Four of the patients were between ages 38 and 49 when their Alzheimer's symptoms started; the fifth was 55. Two had biomarker changes that supported a diagnosis with that brain-destroying disease.

While another two did not have molecular biomarker testing, they did show progressive brain atrophy upon brain imaging, with the brain of the last being discovered to have had signs of Alzheimer's after passing away.

The study does not mean that Alzheimer's is transmissible between

people during daily activities or routine medical care.

But it did find that the pituitary glands from which the human growth hormone was taken had been contaminated with disease-related proteins.

EXPERIMENTAL SENSOR DETECTS CANCER MARKERS IN SALIVA

Gainesville, Florida — In research published in the *Journal of Vacuum Science & Technology B*, a new handheld biosensor can detect biomarkers of a certain cancer from a sample of saliva.

According to the University of Florida research scientists who developed it, the device uses paper test strips treated with specific antibodies that respond to biomarkers of the targeted cancer.

When a saliva sample is placed on the strip, pulses of electricity are sent to contact points on the device.

The pulses cause the biomarkers to bind to the antibodies, which alters the electrode's output signal enough to provide readings regarding cancer risk.

The bulky equipment and low-dose

radiation exposure usually used to test for that cancer type are all costly by comparison.

The researchers believe the new test may be especially helpful in developing countries where advanced technology is not available.

ULTRA-THIN, MINIMALLY-INVASIVE PACEMAKER USES LIGHT PULSES TO REGULATE HEART

Chicago, Illinois — Here's a new twist on "bringing the heart's problems to light."

Researchers at the University of Chicago have developed a wireless light-powered implant that regulates the body's cardiovascular activity.

Thinner than a human hair, the membrane-like implant can be inserted with minimally invasive surgery and contains no moving parts.

The implant is based on what its inventors call *photoelectrochemical* technology.

Basically, a tiny burst of light activates microscopic *photovoltaic cells*, or devices that convert light into electricity (as in solar panels). Those tiny cells' electrical pulses then stimulate the heart in precise locations, correcting errant heartbeats in what is medically known as *cardiac resynchronization*.

The entire implant is a few centimeters square.

Details on the experimental implant were published recently in the journal *Nature*.

LIVE MUSIC BETTER ACTIVATES, INVOLVES BRAIN THAN RECORDINGS, SAYS STUDY

Zurich, Switzerland — It might only be commonsensical that live music gets its listeners more emotionally, mentally and spiritually involved than does its recorded counterparts. But now, there's a study to prove it, too.

Researchers had 27 volunteers listen to a pianist playing live music while they underwent MRI brain scans. Researchers were able to observe in real-time when volunteers' brains were reacting more powerfully and positively to the music, and even instruct the pianist to adapt the live performance to intensify volunteers' emotions.

Volunteers were later subjected to recordings of the same performance while undergoing MRIs.

Comparing the results, researchers found that only the live performance activated the amygdala, the brain's emotional "control tower." It also caused more brain-wide electrical activity than the recording. ★

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● ► HAMASPIK NEWS

Hamaspik Orange Men's Day Hab visits SEA LIFE Aquarium at American Dream Mall

Individuals, staff enjoy three fun-filled hours touring giant facility's 13 "fishy" exhibits, especially the touch tank

Something downright fishy recently happened to the Men's Day Hab program at Hamaspik of Orange County.

But it's okay.

Because that occurrence was their first trip to the SEA LIFE Aquarium in New Jersey, ensconced at the ever-popular American Dream Mall at East Rutherford.

Besides some two dozen-plus individuals with intellectual/developmental disabilities (I/DD), and about eight trained and experienced Hamaspik of Orange County Direct Support Professionals (DSPs), the group also came with packed lunches from Hamaspik. Those would come in very handy later.

Upon arriving at the entrance, the gentlemen were given the venue's children's admission fee by employees, in a remarkably gracious display of inclusion.

Once inside the facility, the gentlemen walked through the first of 13 exhibits that form the huge indoor facility. That first exhibit is modeled after a New York City subway car, complete with maritime-themed displays and even fish tanks in the car's "windows."

Next came the freshwater exhibit, where various common fish swim about.

Following came the Tiny Giants Touchpool, where guests are allowed to dip their hands into the open water and make physical contact with starfish and other such fascinating sea creatures that live in the shallow waters of the shores of the world's oceans. There, SEA LIFE staff were especially conscientious of, and sensitive to, the excitement and enthusiasm of their visitors with special needs, respectfully proctoring them on how to properly wash their hands before insertion into the water, and how to handle the sea creatures with care.

Walking further along brought the visitors to Jellies 54, the 4th of 13 sections, this one featuring the mysterious and ethereal jellyfish that are among the ocean's most fascinating, strange and—in some cases, dangerous and poisonous—creatures.

Exhibit #5 was the Urban Jungle, a collection of rainforest fish, primarily the notorious piranha, in an interior



IN THE TANK (SORT OF): THE GENTLEMEN GET A FISHEYE'S VIEW OF LIFE IN THE OCEAN



WHAT YOU "SEA" IS WHAT YOU GET: AN EXCITED "DAY HABBER" AT THE ENTRANCE



SOMETHING FISHY IS GOING ON HERE: AT ONE OF SEA LIFE'S NUMEROUS DISPLAYS



DECIDEDLY "SEE"-WORTHY: AN INDIVIDUAL COMPLETES HIS WAY QUITE LITERALLY UNDER THE SEA, OR AT LEAST A REASONABLE AND COLORFUL FACSIMILE THEREOF

design made to look like Manhattan's streets.

The 6th exhibit was the Seahorse Mangroves, evoking the mangrove swamps of the world's tropical and subtropical regions. This exhibit primarily displays seahorses, the bizarre and fascinating small fish with snakelike tails, horse-like heads

and vertical posture.

In section 7, Hamaspik encountered Stingray Bay, where they took in the sea's "airplanes"—the diamond-shaped, flat creatures called stingrays that look more like they're flying, not swimming, as they move about.

At exhibit 8, the colorful and self-

explanatory Coral Reef, the gentlemen took in every color of the rainbow, both in the numerous species of coral and the riot of richly-colored fish making their home among the coral.

Past exhibit 9, a giant wall photo of a scary sharp-toothed shark (at which one can pose and pretend they're about to get gobbled up), and the delightful Sharks Fish Avenue for #10 (designed to look like New York City's fashionable 5th Avenue, but featuring colorful fish, not expensive attire), the gentlemen moved on to Reef at Night (#11), which depicts—take a guess!—a coral reef in the dark. Then they went to Ocean View (#12), a huge single plate of Plexiglas behind which lurk real sharks and other denizens of the deep.

Finally, there was light at the end of the tunnel, as the group entered Exhibit 13, Ocean Tunnel, a clear tube under the aquarium's largest tank, through which guests can feel like they are actually in the ocean. Halfway through that is a viewing station through whose window one can see an amusing undersea representation of the great city of Manhattan, skyscrapers and all. The rest of the Ocean Tunnel leads to the facility exit on the other side of that viewing station, where the "boys" shortly sat down to enjoy their pre-packaged lunches in an open seating area.

Given the nature of their visit and the fact of relatively low attendance, aquarium staff treated the Hamaspik contingent to a special 15-minute exclusive fish-feeding session. "Special for you guys, we're feeding the fish!" said a staff member. He then explained which fish were being fed, a little bit about their nature, and several other fascinating facts. He also was happy to take their questions.

So, what did the gentlemen like the most about their visit?

"The idea that you can touch the animals; they liked *that* the most," says DSP Moshe Hersh Berkowitz—an opportunity that "normally they don't have."

But more important than that was the fact that the venue was universally appreciated, Mr. Berkowitz adds. "It speaks to every level of function, high and low," he explains. "The aquarium is something everyone likes!" ★

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● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK



From the Top



KING FOR A DAY: FLANKED BY HAMASPIK STAFF, LAZER DIRECTS HIS PARTY (TOP); MAYOR ISRAEL SPITZER TAKES THE TIME TO PERSONALLY CONVEY HIS SINCEREST WISHES (BOTTOM)

Champions of Change

The Yiddish Mental Health conference in Williamsburg, arranged by the Satmar kehillah, drew over 1000 attendees.

The event raised awareness, helping the audience recognize that many in their community are dealing with mental health challenges. This helps those suffering feel less isolated while aiding family and friends in recognizing when someone may need help.

The conference also provided a deeper understanding of mental health by breaking down diagnoses, identifying symptoms, and outlining available help.

Hamaspiik's Sipuk clinic and Comfort Health played crucial roles in these discussions.

Mr. Hershel Wertheimer, executive director of Sipuk clinic, discussed the most common mental health diagnoses in our community— anxiety, depression, and trauma — vividly describing living with these conditions, helping the audience understand the challenges and pain.

The panel explained how to differentiate between mental health diagnosis and something that's not a cause for concern—for example, anxiety vs. someone going through a stressful

period, or OCD vs. being *medakdek b'halachah*.

Later, the panel addressed clinical care, and the audience understood the benefits of receiving care in a clinic setting such as Sipuk—where there's a robust team, no gaps in care, and a highly supervised environment.

Mr. Joel Drummer, Comfort Health care manager supervisor, highlighted the importance of school involvement in a child's mental health. Collaboration between home and school ensures that the child's needs are met and support is provided rather than just discipline.

Comfort Health specializes in managing communication between home, school, and professional support systems, ensuring that collaboration.

As a take-home gift, Hamaspiik created a booklet with a collection of Yiddish articles written by Mr. Wertheimer describing mental health conditions. The 700 copies printed were quickly taken, and the booklet is now in its third printing.

Hamaspiik of Kings County continues to stand at the forefront of mental health in the community, bringing expert knowledge to address these vital issues and transform lives. ★

“Happy Birthday!” from the Mayor

New Square leader Israel Spitzer joins Hamaspik Rockland's very own Eliezer “Lazer” Friedrich at his annual party

“I almost forgot, but I'm glad I was reminded! When I heard, I dropped everything and came rushing over here!”

Something to that effect was heard by the *Gazette*, who was present as Israel Spitzer, Mayor of the Chasidic village of New Square, New York, chatted with another guest.

The event at which Hizzoner was a guest was the annual grand birthday party celebration thrown by Eliezer “Lazer” Friedrich, a regular since inception of the agency's Men's Day Hab program.

For every year at which the beloved Lazer has been a “Day Habber,” Manager Mr. Pinchos Knopfler has—at Mr. Friedrich's request—hosted that annual marking of one's birthdate, ultimately a celebration of one's life.

And celebrate they did!

Present were all of Lazer's fellow “Day Habbers.” They were joined by Hamaspiik Rockland staffers:

Direct Support Professionals (DSP) Moshe Mordechai Feder and Pinchos Schwartz; Director of Day Services Yidel Goldberger; Grandview and Forshay residences manager Eliezer Berger; Family Care Liaison/Event Coordinator Abraham Markowitz; and Maintenance Director Nathan Fried. Yossi Fisher, Lazer's Care Manager from Tri-County Care, was also there.

Informal emcee Knopfler had guests take turns addressing the birthday celebrant, sharing words of praise for Lazer.

Lazer also delivered his own remarks, followed by fellow “Day Habber” Joel.

The event was just winding down when Mr. Spitzer rushed in.

The mayor sat with Lazer for several minutes, lending, warmth, sincerity and undivided attention—almost-visibly cognizant of the spiritual gift of people with disabilities even as he gave the celebrant an intangible one of his own. ★

● ► HAMASPIK NEWS | HAPPENINGS AROUND HAMASPIK

Bigger-Than-Ever Camp Mamtakim is Back!

Summer Overnight Camp for Girls with Disabilities Take Hamaspik Resort by Storm for Another Smashing Season

Imagine a six-week overnight camp just for girls with disabilities in the heart of New York's Catskills.

Now imagine over seven dozen talented young counselors presiding two-to-one over a group of girl ages ten-plus—against the background of a spacious converted hotel complex, and backed by an entire team of head staff including several loving “Camp Mommies.”

Now imagine that entire group of campers, counselors and staff—one big hearty family—laughing and learning, playing and singing from morning to night.

Now stop imagining.

Mamtakim (essentially translating to “Sweeties”) is back once again on the sprawling grounds of the Hamaspik Resort, the former hotel complex in lovely rural Rock Hill, New York.

A whole bunch of things are on the grounds to improve Mamtakim: Not one but two brand-new and heated

outdoor pools (including one wading pool with *beach entry*, in which one end tapers to a naturally-flat edge); a huge combination shul/indoor recreational activity building; and the onsite spiritual supervision of Rabbi Lazer Yonah Zilberman of New Square.

What’s more, and perhaps most notable and important of all, are this year’s “Camp Mommies,” a group of young mothers who dispense love and care as only Mommy can. Each Camp Mommy is liaising between camp and family, quickly and effectively tending to campers’ every personal care-related issue, including visiting local doctors if needed.

From morning wake-up at 9:00 a.m. through three daily meals, sports and activities (including daily swims) throughout to bedtime at 9:00 p.m., campers live, learn and grow all day.

The next day, a great day at Mamtakim begins again for all! ★

Grounds for Excitement



WHERE SUMMER FUN HAPPENS: A BIRDSEYE VIEW OF THE SPRAWLING RESORT CAMPUS



A SLIDING SCALE: EVEN LIFE'S DOWN ARE UP HERE AT MAMTAKIM'S PLAYGROUND



BRIDGE TO EXHILARATION: PART OF THE STATE-OF-THE-ART PLAYGROUND SETUP

Blowing Things Within Proportions

Validation Fills the Air at “Ballooner Rebbe” Day Hab Visit

Things were definitely blown all into proportion recently at Hamaspik of Rockland County's Men's Day Habilitation (Day Hab) program—where the gentlemen enjoyed a delightfully interactive appearance from Monsey's very own Moshe Feiner, a.k.a. the “Ballooner Rebbe.”

Mr. Feiner has been doing what's professionally known as balloon twisting for about three decades now—of which ten or 15 have included numerous stops at Hamaspik.

How are his shows for special needs different than those for typical children?

“They're not!” he earnestly declares, with those two words conveying worlds of wisdom and sensitivity—which is exactly the point of such shows, or any mainstream activity at Hamaspik.

Foragood90minutes, the “Ballooner Rebbe” worked his inflatable magic, producing ducks, swords, monkeys, caterpillars, lollipops, bouquets, tigers,

snakes, and, of course, “shtreimels” for pretty much everyone.

“He's always getting better,” long-time Day Hab Manager Pinchos Knopfler first answers. “He gives it his best—giving special attention to each individual.”

Like an authentic Chasidic Rebbe tending personally to each of his Chasidim as if they were the only person that matters, the “Ballooner Rebbe” gave each participant at least one balloon made just for him.

By the end of the show, the gentlemen eagerly congregated into chairs, only too happy to sit for a group photo as with their hero of the hour.

Each also treasured their handmade creations received from the experienced pro but more importantly, the sense of love and validation that each represented.

And that, in complete contrast to the inflated nature of balloons, is substantial and real—and something you'll find at Hamaspik every day. ★

Putting on Airs



THE PERFORMER AND HIS ADMIRERS: MR. FEINER GRACIOUSLY OBLIGES AS HIS FANS POSE



GONE TO HIS HEAD: AIR-FILLED HEADGEAR



FACE IT AND SMILE: EMOJI INSPIRATION

The Autism Update

News and developments from the world of research and advocacy

ROUTINE DEVELOPMENTAL SURVEILLANCE DATA CAN BE USED TO PREDICT AUTISM

Seattle, Washington — Never mind the established tests and newfangled diagnosis apps—now, autism can be predicted based on routine developmental surveillance data, says a new study.

According to the study, published in the *JAMA Network Open* journal, ASD prediction models' performance improved with prediction age, with fair accuracy at 12 months of age.

The findings of this study proposes that it may be possible to achieve accurate early screening of autism based on routine developmental surveillance, alleviating the need for designated questionnaires.

“This study’s findings suggest that with the use of prediction models, ASD screening can be seamlessly integrated into routine early childhood developmental surveillance,” the authors write. “The suggested approach may assist children in receiving timely interventions and achieving their developmental potential.”

MENTAL-HEALTH HOSPITALIZATION RATES FAR HIGHER FOR YOUTH WITH AUTISM: STUDY

New York, New York — At an overall cost to U.S. health care of over \$100 million a year, adolescents who have autism are over ten times likelier than adolescents with other complex or chronic conditions to be hospitalized for mental health reasons.

Young people with autism are likelier to experience depression or bipolar disorder than peers without autism, according to a new study published in *Autism*.

Thus, found researchers, the main mental-health reasons for the hospitalization of youth ages ten through 20 were neurodevelopmental, disruptive, depressive, and bipolar disorders. Said hospitalizations cost an average of \$7,400 per stay, for a total of \$106 million in service delivery costs for 2016 alone.

Considering the vastly heightened rates of hospitalization for adolescents with autism, the authors argue that the United States needs far better

community-based mental health care for them.

ONLY HALF OF AUTISM-EVALUATED U.S. CHILDREN GETTING FEDERAL EI SERVICES: STUDY

Atlanta, Georgia — Under the 1990 Individuals with Disabilities Education Act (IDEA) (which began as the 1975 Education for All Handicapped Children Act (EHA)), children with developmental delays birth through three are entitled to federally-funded Early Intervention (EI) programs.

The IDEA's Part C supports state EI programs like those provided by the New York State Dept. of Health (DOH) via community partners.

But now, an Emory University study of public data finds that only half of U.S. children evaluated for autism and eligible for EI services are actually getting them. They analyzed sociodemographic and service access data from the medical records of 709 children across the country aged 12-40 months who had been evaluated for autism spectrum disorder (ASD)—

finding that only 50 percent had reported accessing Part C EI services.

GUT KNOWLEDGE: ANOTHER MICROBIOME-AUTISM LINK FOUND

Philadelphia, Pennsylvania — Yet more research has now discovered a link between autism spectrum disorder (ASD) and the gut microbiome—the roughly two pounds of “good” (and sometimes bad) bacteria in the digestive tract. Suggestive links between ASD and gut bacteria have been known for years now.

Research funded by the Philly-based Eagles Autism Foundation discovered higher levels of the *Bacteroidetes* and *Bacteroides* bacteria in gut microbiomes of people with ASD compared to neurotypical individuals.

Researchers found that newborn lab mice treated with excessive *Bacteroides fragilis* bacterium exhibited social behavior dysfunction, increased repetitive behaviors, and gene expression dysregulation.

“Our research suggests that an overabundance of *Bacteroides*, particularly in early life, may have functional consequences for individuals with ASD,” said lead researcher Prof. Evan Elliott.

LIFELONG GENERAL BRAIN HEALTH BOOSTED BY SINGING, PLAYING MUSICAL INSTRUMENTS



MARCHING TO THE RIGHT TUNE: A BRITISH STUDY LENDS SCIENTIFIC CREDENCE TO THE CONCEPT THAT MUSIC IS GOOD FOR YOUR BRAIN

Exeter, England — Now it's more than just ancient wisdom or a bit of quaint folklore—scientists have again demonstrated that engaging in music, including singing and especially the piano, is linked to health of aging brains, as well as improved memory and problem-solving skills.

According to a study published in the *International Journal of Geriatric Psychiatry*, being musical “could be a way of harnessing the brain’s agility and resilience, known as cognitive reserve,” said study co-author Anne Corbett, a professor of dementia research at the University of Exeter in the UK.

Researchers analyzed data on over 1,000 volunteers over age 40 participating in an ongoing brain health study. They found that those playing musical instruments late into life, particularly piano, showed better cognition and overall brain health than those not. Singing was also linked to better brain health. ★

NATURE TRAIL FOR CHILDREN WITH AUTISM FEATURES DELIGHTFUL MINIATURE HOUSES

Millburn, New Jersey — South Mountain Reservation’s Rahway Trail, located in Millburn, New Jersey, features a lovely rustic hiking path through the woods—plus, if you look carefully, about 100 tiny wooden homes that look like they’re for the toy “menchelach” our kids play with.

The colorful tiny houses, all made of wood and other natural materials, are scattered along the trail, placed on branches and ensconced in the trunks of stately trees.

The original first few houses were built and placed by autism mom Therese Ojibway, who wanted her son, who has autism, to have a magical experience exploring the forest.

The remainder were built by volunteers and intended to stimulate children with special needs and children (of all ages) in general.

“It gives you a sense of wonder, imagination, creativity,” one Trail keeper said in a recent report. “It all blends and bonds with nature.” ★



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The Law of Inclusion: Hamaspik of Orange County Boys Respite Program Enjoys Replica Torah Induction Ceremony

Mimicking a Real Torah-Scroll Completion, Individuals Feel They Participated in Common Faith-Based Community Event

Written by hand, under painstaking and highly precise rules, over a period of months on end, a parchment Torah scroll is considered the codification of God's Will in writing.

So when a new one is completed and formally inducted into "active duty"—read from in synagogues at least thrice weekly—in the Jewish community, it's considered an occasion for upbeat jubilation, usually with a local street parade complete with live music, singing and dancing.

But if the logistics of an authentic *Siyum Sefer Torah* (Torah Completion Ceremony) preclude—for any number of reasons—the practical participation of individuals with special needs, then what do you do?

Well, if you're Hamaspik, you do the next best thing—that's what you do!

In the case of Moshe Schwartz, the endlessly cheerful Director of Hamaspik Orange's Boys After-School Respite



JEWISH PRACTICE: ENJOYING A FULL-SCALE REENACTMENT OF A SIYUM SEFER TORAH EVENT

(ASR) program, having his boys attend an authentic *Siyum Sefer Torah*—or better yet, staging a real one on site for

them—was impracticable on multiple fronts.

So Mr. Schwartz and team simply replicated one—right down to the authentic Torah-scroll cover.

The full-scale *Siyum Sefer Torah* replication event was centered on an imitation Torah scroll, printed on paper to full-scale 1:1 size and wrapped around imitation full-size wooden spools.

Part and parcel of an authentic *Siyum Sefer Torah* is the *chuppah*—the square cloth canopy supported by four marchers holding its poles, under which the Torah scroll is ceremoniously carried in loving arms from start of the parade to its end, usually a local synagogue. Whereas in centuries past, such events were animated by little more than singing marchers following the *chuppah*, the Industrial Revolution ultimately introduced today's customary norm: a richly-themed float, usually pulled by a sturdy pickup, with both festooned with outdoor speakers broadcasting equally-upbeat Torah-themed music. In turn, the *chuppah* follows that, followed further by marching participants.

As such, part of the Hamaspik event here was also a rolling *chuppah* prop constructed especially for the event—complete with industrial-strength outdoor casters allowing it to easily roll along roads, and a glorious golden-colored crown up top, invoking the image of the crown placed atop actual Torah scrolls to lend them due honor.

A mock *Aron Kodesh*, or ark in which Torah scrolls are respectfully stowed in synagogues, was also manufactured.

All of the above would come into play shortly.

The event had been thought about "a long time ago," Mr. Schwartz tells the *Gazette*. He elaborates that he had initially wanted to do it at 1 Hamaspik Way, the address of the huge Hamaspik Admin Building just off Bakertown Rd. at the gateway to the Village of Kiryas Joel, complete with the usual street closures that such events entail.

However, closing local roads during business hours, especially the critical Bakertown entry-exit corridor, would have frustrated locals. The alternative, a private event at the Respite program's location just outside of town, would ruffle no one. Additionally, a grand public event would have triggered feelings of reticence among attendees, hindering their desire to emotionally express their participation in voice and dance.

From beginning to end, planning the entire event actually took about a few weeks, Schwartz says. The bulk of it consisted of a few hours' worth of discussion with staff members, he adds—followed by several shopping trips and construction projects.

From those discussions, props for the event—the replica Torah scroll, a mobile outdoor *chuppah* (canopy), and so on—were manufactured by devoted Hamaspik of Orange County employee Moshe Aryeh Friedman, who is "very talented and very handy," proudly testifies Mr. Schwartz. Those do-it-yourself projects also included the direct help of the Respite program boys where applicable.

Mr. Friedman, who is also a trained Hamaspik Direct Support Professional (DSP), was thus happy to literally lend his hands to construct all necessary items. Visiting several big-box retailers to purchase all needed raw materials, he used the event as an opportunity to use his skills, Director Schwartz states, and to plan the entire event.

The Friday before the "*Siyum Sefer Torah*," Mr. Schwartz and staff personally called the homes and parents of each individual boy in Respite, informing them of the exciting event, reminding parents

CONTINUED ON PAGE 13 >>

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● ► HAMASPIK NEWS

Torah Induction Ceremony

◀◀ CONTINUED FROM PAGE 12

to send their sons in the following Sunday in their Shabbos (Sabbath) best, and giving those precious boys more time to warm up for the event. “We heard from a lot of parents how happy their Shabbos was!” Schwartz later told the *Gazette*.

Thus, when the big day actually arrived, “They were so happy!” exclaims Mr. Schwartz, reporting that they felt like close relatives of a party’s host.

Here’s how the actual event unfolded.

At the Respite site, the full-size imitation Torah scroll was laid open on a table, complete with velvet tablecloth and desk lamp illuminating the “parchment.” A *sofer* (scribe, played by Mr. Schwartz), smiled and invited each boy to “write” a “letter” in the “Torah” (with an actual feather pen) so as to “complete” it. The replica Aron Kodesh stood by on one side on another table.

With the “Torah scroll” writing complete, the *Hagbah* (Lifting) ceremony, in which the scroll is held high vertically and turned for all to see, was performed by Mr. Schwartz.

Almost immediately, bouncy music started up on the PA system—and with spirits quickly rising, the youths bounced and danced in excitement as a beaming Mr. Schwartz, smiling at his



SIMULATING SACRED STORAGE: A MOCK “ARON KODESH” (“HOLY ARK”), OR DESIGNATED CLOSET, AWAITS THE REPLICA TORAH

young charges like a beloved and loving schoolteacher, physically carried the “Torah” outside.

Once there, the van and the rolling chuppah stood at the ready. With lively music playing and the van rolling about, the participants took turns holding the “Torah” under the canopy and following the vehicle in a circle around the lot. They eventually danced their way back into the facility, where the “Torah” was put into the “Aron.”

Making things even more exciting was the fact that several of the boys, dressed in their Shabbos best, also trooped around the lot playing drums and other musical instruments, along

with the presence and encouragement of Michael Guttmacher, Hamaspiik Orange’s excellent music instructor.

The entire event from beginning to end ran for a good hour or 90 minutes, Mr. Schwartz reports.

But one thing that was authentically real—besides the very real joy and excitement of the participating boys, that is (and the loving pride and joy visible on Mr. Schwartz’s face)—was the *mantel* (jacket) that covered the “Torah scroll.” That item, an actual real mantel for real Torah scrolls, was graciously lent to Hamaspiik by community retailer Malchus Judaica, at whose Kiryas Joel location the item was picked up from



GILDED GRANDEUR: PROPELLING A PROP REFLECTING THE REGAL RESPECT GIVEN REAL TORAH SCROLLS, THE CROWD MARCHES ON

(and later returned to).

So, what did the boys like the most about it?

“Every kid had a different angle to which they were more connected,” the Respite Director points out. “Some to writing the ois [letter—ed.], some while holding the ‘Torah,’ some pushing the chuppah, and some with the dancing,” as well as drumming to the parade’s beat.

“These children might never have the opportunity to hold a Sefer Torah by themselves,” he elaborates. The mock event “let them have a chance to actually hold a ‘Sefer Torah’—to feel they had the mitzvah of writing a Sefer Torah.” ★

● ► HEALTH NEWS

Cord Blood Cell Transplant Saves Life of Girl with ‘Hopeless’ Rare Blood Cancer

After failure of chemo, bone marrow transplant, case of acute myeloid leukemia (AML) cured by experimental treatment

Manchester, England — Cord blood, or the blood contained within umbilical cords that is collected and stored immediately after birth, contains cells called stem cells that can be used to treat an estimated 70 different diseases—primarily, inherited immune-system disorders, blood disorders and some cancers.

Cord blood is mostly used to treat its own donors, or immediate family members, in case of certain diseases. Cord blood is stored in blood banks, of which some 130 currently exist worldwide, according to the National Institutes of Health (NIH).

The usage of cord blood banks began in 1988 in France. But recently, they made headlines again when the stem cells from a cord blood bank saved the life of a British girl.

The child, Sarah Marica of Cornwall, England, had been diagnosed at age four with *acute*

myeloid leukemia (AML), a very rare blood cancer affecting only about 100 people a year in England.



IT’S IN MY BLOOD: A RARE PROCEDURE SAVED THE LIFE OF A GIRL WITH A VERY RARE DISORDER

Given the patient’s condition at the time, she was started on chemotherapy immediately, followed by transplant of bone marrow from her own brother. Unfortunately, both treatments failed, with the aggressive cancer repeatedly returning.

With next to no options remaining, Sarah’s family consented to a pioneering cord blood stem cell transplant at Royal Manchester Children’s Hospital (RMCH). The RMCH team had discovered that children who had a cord blood transplant, after chemotherapy didn’t work, were nearly five times likelier to be free from both the disease and graft versus host disease (GVHD).

Today, as reported recently in the *British Journal of Haematology*, Sarah is a healthy and disease-free eight-year-old. ★

Public Health and Policy News

FEDERAL GOVERNMENT MOVING TO “BREAK UP ORGAN NETWORK MONOPOLY,” TRANSFORM SYSTEM

Rockville, Maryland — The Health Resources and Services Administration (HRSA), a division of the federal U.S. Dept. of Health and Human Services (HHS), recently took what it called “historic” steps to streamline the U.S. organ transplant and donation system.

The HRSA’s Organ Procurement and Transplantation Network (OPTN) Modernization Initiative is part of the Securing the U.S. Organ Procurement and Transplantation Network Act that went into law later last year. The intended transformation, said to be the first update of the organ transplantation system in 40 years, will increase competition ensuring patients and their families benefit from best-in-class vendors.

“For the more than 100,000 patients on the organ waitlist and their families, the time for reform is now,” said HRSA Administrator Carole Johnson. “The steps we at HRSA are taking today demonstrate our commitment to a more fair, well-managed, and high functioning organ transplant system in this country.”

U.S. CENTERS FOR DISEASE CONTROL (CDC) OPENS OFFICE IN JAPAN

Tokyo, Japan — “America’s safety and security is dependent on the strong linkages between countries around the world,” said CDC Director Dr. Mandy Cohen.

Dr. Cohen was referring to her agency’s new East Asia and Pacific (EAP) regional office, which recently opened in Tokyo, Japan.

According to the agency, the regional office “will further strengthen the United States Government’s global health impact by working with Japan, partner countries and regional organizations to prevent, detect and respond to health threats.”

“The COVID pandemic reminded us that viruses don’t stop at borders,” said Rahm Emanuel, U.S. Ambassador to Japan. “International collaboration, transparency, and science, especially among partner countries like Japan, are key. The opening of CDC’s regional office in Tokyo brings together American, Japanese, and regional expertise to track, respond to and defeat diseases.”

AFTER BACKLASH, U.S. CENSUS BACKS DOWN FROM CERTAIN DISABILITY QUESTIONS

Washington, D.C. — “The Census Bureau and the National Center for Health Statistics (NCHS) have carefully reviewed the public feedback,” goes those agencies’ official statement. “Based on that feedback, we plan to retain the current ACS disability questions for collection year 2025.”

That statement is tame compared



NO TO THE U.N.: DISABILITY COMMUNITY PROTESTS PROMPTED A CHANGE OF PLANS



A GLOBAL FOOTPRINT: UNDER A NEW PARTNERSHIP, THE CDC (HEADQUARTERS SHOWN HERE) HAS NOW ADDED AN ACTIVE OFFICE IN JAPAN TO ITS COLLECTION OF REAL ESTATE WORLDWIDE

to some of the strong pushback that the Census and the NCHS received from disability non-profits, individuals and advocates in the past year or so, as the government plans now for the next Census, slated for Year 2025.

In short, in October 2023, the government had proposed changing existing Census questions on disability to a set of questions that “would have aligned us with international standards from the United Nations and advances in measuring disability.”

But the majority of over 12,000 comments “expressed concerns” with the proposed changes.

OLDER AMERICANS ACT (OAA) PROGRAMS UNDERGOING UPDATE

Washington, D.C. — The federal Administration for Community Living (ACL), a division of the U.S. Dept. of Health and Human Services (HHS), is now updating the Older Americans Act (OAA) regulations for the first time since 1988.

The update “aims to better support the national aging network that delivers OAA services and improve program implementation, with the ultimate goal of ensuring that the nation’s growing population of older adults can continue to receive the services and supports they need to live—and thrive—in their own homes and communities,” according to official ACL literature.

More specifically, the final rule: clarifies requirements for state and area plans on aging; specifies the broad range of people who can receive services; clarifies required state and local agency policies and procedures; and updates definitions, modernizes requirements, and clarifies flexibilities within the OAA nutrition programs.

NEW-DRUG SURVEILLANCE TO BE STREAMLINED AT THE FDA WITH ADOPTION OF AI

Baltimore, Maryland — Artificial

intelligence (AI) is controversial in more ways than one—and now, even when it comes to surveilling new drugs applying for approval with the FDA.

The FDA has now announced that it will be modernizing the way it surveils drugs after they come to market, employing new uses for AI with the help of humans, to mine the more than two million reports of adverse events that the agency receives each year.

The AI-based decision support tool that the agency is about to begin using internally — known as the Information Visualization Platform — was developed over the past decade, according to public statements made by Robert Ball, deputy director of FDA’s Office of Surveillance and Epidemiology, at a recent conference. The tool will first be used to deploy a deduplication algorithm for the adverse event reports.

“FOREVER CHEMICALS” IN U.S. FOOD PACKAGING TO BE BANNED BY FDA

Bethesda, Maryland — Fast-food wrappers and other grease-proofing materials containing per- and polyfluoroalkyl substances (PFAS) will no longer be sold for use in food packaging in the U.S., the FDA announced.

Under the announcement, major sources of dietary exposure to PFAS—like microwave popcorn bags, take-out paperboard containers, and pet food bags—will be eliminated, according to the agency.

The announcement “marks the fulfillment of a voluntary commitment by manufacturers to not sell food contact substances containing certain PFAS intended for use as grease-proofing agents in the U.S.” said Jim Jones, Deputy Commissioner for Human Foods at FDA, in a statement.

The FDA cited evidence that exposure to some types of PFAS has been linked to serious health effects, such as one study of military personnel that linked cancer to one PFAS chemical used to make products resistant to stains, grease, soil, and water. ★

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In the Know

The nose is quite literally “up front and center” on every face.

It serves many functions, including humidifying and cleaning the air breathed; delivering tone to the voice; and providing a sense of smell, which is important for taste, identification and memory. Love it or not, the nose is also a key part of each individual’s visual identity.

One of the most common nose deformities is a *deviated septum*. About 70 to 80 percent of people have a septal deviation that’s noticeable to an examiner. In many cases, the deviation is minor and causes no symptoms. A deviated septum that is moderate to severe can lead to nasal obstruction and require treatment (never mind a subdued or impinged sense of self-esteem).

The good news is that a deviated septum can be corrected with minor surgery.

SYMPTOMS

Most septal displacements result in no symptoms, and you may not even know you have a deviated septum. Some septal deformities, however, may cause the following signs and symptoms:

Obstruction of one or both nostrils. This blockage can make it difficult to breathe through the nostril or nostrils. You may notice this more when you have a cold or allergies that can cause your nasal passages to swell and narrow.

Nosebleeds. The surface of your nasal septum may become dry, increasing your risk of nosebleeds.

Facial pain. There is some debate about the possible nasal causes of

facial pain. A possible cause of one-sided facial pain could be a severe deviated septum in which surfaces within the nose touch and cause pressure.

Noisy breathing or snoring during sleep. A deviated septum or swelling of the tissues in the nose can be one of the many reasons for noisy breathing during sleep.

Awareness of the nasal cycle. The nose alternates between being obstructed on one side and then changes to being obstructed on the other. This is called the *nasal cycle*. Being aware of the nasal cycle isn’t typical and can indicate nasal obstruction.

Preference for sleeping on a particular side. Some people may prefer to sleep on a particular side to optimize breathing through the nose at night if one nasal passage is narrowed.

Other symptoms include headaches, dry mouth, chronic sinusitis (sinus infections) and disrupted sleep cycles.

CAUSES

A deviated septum occurs when the *nasal septum*, the thin wall that separates the right and left nasal passages, is displaced to one side.

A deviated septum can be caused by:

- A condition present at birth. In some cases, a deviated septum occurs when the fetus develops in the womb and is apparent at birth.
- Injury to the nose. A deviated septum can also be the result of an injury that causes the nasal septum to be moved out of position.

In infants, such an injury may occur during childbirth. In children and adults, a wide array of accidents may lead to a nose injury and deviated septum. Trauma to the nose most commonly occurs during contact sports, rough play such as wrestling or automobile accidents.

The aging process may affect nasal structures, worsening a deviated septum over time.

Swelling and irritation of the nasal cavities or sinus cavities because of an infection can further narrow the nasal passage and result in nasal obstruction.

Risk factors

For some people, a deviated septum is present at birth—occurring during fetal development or due to injury during childbirth. After birth, a deviated septum is most commonly caused by an injury that moves your nasal septum out of place. Risk factors include playing contact sports and not wearing a seat belt while riding in a motorized vehicle.

Complications

A severely deviated septum causing nasal blockage can lead to:

- Dry mouth, due to chronic mouth breathing
- A feeling of pressure or congestion in the nasal passages
- Disturbed sleep, due to the unpleasantness of not being able to breathe comfortably through the nose at night

DIAGNOSIS

- See a doctor if you experience:
- A blocked nostril (or nostrils) that

ALL ABOUT... DEVIATED SEPTUM

Sources: Mayo Clinic, Southern California Sinus Institute, Cleveland Clinic, American Society of Plastic Surgeons, Stanford Health Care.



doesn't respond to treatment

- Frequent nosebleeds
- Recurring sinus infections

The doctor will first ask about any symptoms.

To examine the inside of the nose, the doctor will use a bright light and sometimes an instrument designed to spread open the nostrils. Sometimes the doctor will check farther back in the nose with a long tube-shaped scope with a bright light at the tip. The doctor may also look at the nasal tissues before and after applying a decongestant spray.

Based on this exam, the doctor can diagnose a deviated septum and determine the seriousness of the condition.

If the doctor is not an ear, nose and throat (ENT) specialist and treatment is needed, he or she may refer you to a specialist for further consultation and treatment.

PREVENTION

Injuries to the nose that can cause a deviated septum may be prevented with the following safety precautions:

- Wear a helmet or a midface mask when playing contact sports, such as football and volleyball.
- Wear a seat belt when riding in a motorized vehicle.

TREATMENT AND PROGNOSIS

Initial treatment of a deviated septum may be directed at managing symptoms. The doctor may prescribe:

Decongestants

Decongestants are medications that reduce nasal tissue swelling, helping to keep the airways on both sides of the nose open. Decongestants are available as a pill or as a nasal spray.

However, nasal sprays should be used caution. Frequent and continued use can create dependency and cause symptoms to be worse after legitimate usage is stopped. Oral decongestants have a stimulant effect and may cause the patient to feel jittery as well as raised blood pressure and heart rate to unhealthy levels.

Antihistamines

Antihistamines are medications that help prevent allergy symptoms, including a stuffy or runny nose. They can also sometimes help non-allergic conditions such as those occurring with a cold.

Some antihistamines cause drowsiness and can affect one's ability to perform tasks that require physical coordination, like driving.

Nasal steroid sprays

Prescription nasal corticosteroid sprays can reduce swelling in the nasal passage(s) and help with drainage. It usually takes from one to three weeks for steroid sprays to reach their maximal effect, so it is important to follow the doctor's directions in using them.

Medications only treat the swollen mucous membranes and won't correct a deviated septum.

Surgical repair

If symptoms are still experienced despite medical therapy, surgery known as *septoplasty* may be considered to correct a deviated septum.

Septoplasty, or surgery inside

surgery. In most cases, the healthcare provider will place the patient under general(full) anesthesia. This means he or she will be asleep during the operation. However, local anesthesia, which numbs the part of the body targeted for surgery, might also be an option.

The procedure takes place entirely inside the nose. The surgeon creates an incision (cut) on one side of the nose and lifts the mucosa (a thin membrane that covers and protects the septum). This allows the surgeon to reshape the septum's bone and cartilage.

Sometimes the surgeon will remove parts of the bone and cartilage, then reshape and reposition the nose's underlying structures. Afterward,

deviation. Symptoms due to the deviated septum—particularly nasal obstruction—could entirely go away. However, any other nasal or sinus conditions you have that affect the tissues lining the nose, like allergies, won't be cured by surgery.

While patients are often concerned about complications associated with this surgery since the nose is the most noticeable facial feature, the outlook after septoplasty is generally good, with success rates up to 85 percent. But, about 15 percent of people who have septoplasty don't notice a significant improvement.

The overall healing process will be slow as cartilage and nasal tissue can take three to six months to fully settle. However, changes in the septum, cartilage and nasal tissue may occur for up to a year or more after surgery.

Simultaneous other nasal surgeries

In some cases, surgery to reshape the nose (rhinoplasty) is performed at the same time as septoplasty. Rhinoplasty involves modifying the bone and cartilage of the nose to change its shape or size (or both)—commonly known as a “nose job.” Nose jobs are typically done on patients whose nose appearance makes them feel overly self-conscious, sometimes to the point of affecting their self-esteem and mental health. This is especially true when the deviated septum has been caused by an auto accident or other injury that makes the patient feel bad about his or her appearance.

Another surgical procedure commonly performed on the nose while the patient is getting a septoplasty anyway is known as *turbinate reduction*.

Turbinates are small structures inside the nose that cleanse and humidify air that passes through the nostrils into the lungs. They are made of a bony structure surrounded by vascular tissue and a mucous membrane outside, and can become swollen and inflamed by allergies, irritation or infection, causing nasal obstruction and producing an excessive amount of mucous which leads to congestion.

A turbinate reduction is surgery performed inside the nose to shrink enlarged turbinates (known medically as *turbinate hypertrophy*) that are causing a nasal obstruction and interfering with breathing. Because it is a surgical procedure even less involved and less-major than septoplasty, some patients choose to have it (if needed) at the same time as getting their septoplasty (or, actually vice-versa). ★



IF SYMPTOMS CONTINUE DESPITE MEDICAL TREATMENT, A PROCEDURE CALLED SEPTOPLASTY MAY BE CONSIDERED... IN SOME CASES, SURGERY TO RESHAPE THE NOSE (RHINOPLASTY) IS PERFORMED AT THE SAME TIME AS SEPTOPLASTY.



the nose to straighten the deviated septum, is one of the most common procedures performed by otolaryngologists (ear, nose and throat doctors, or ENTs). Surgeons in the U.S. perform about 260,000 septoplasties every year.

The septum, which is about seven centimeters long (2.5 to three inches) in adults, consists of cartilage and bone. It separates the inside of your nose into two chambers.

Septoplasty is a minor, low-risk procedure. Recovery usually takes a few days and requires an average of a week of downtime. But, as with any surgery, septoplasty carries some risks, including bleeding, infection and numbness.

During a typical septoplasty, the nasal septum is straightened and repositioned in the center of the nose. This may require the surgeon to cut and remove parts of the septum before reinserting them in the proper position.

Septoplasty is usually performed on an outpatient basis, so most people go home the day of their

he or she will reposition the mucosa back over the septum. The nose is not broken during surgery.

The operation takes between 30 and 90 minutes.

Afterward, the surgeon may insert splints or soft packing to hold nasal tissue in place, prevent nosebleeds and reduce the risk of scar tissue. Usually, the splints stay in for one week. Sometimes, the surgeon might leave only dissolving stitches, which disappear on their own over time.

The surgeon will also give the patient a list of postoperative instructions, which will help manage his or her pain, bleeding and swelling after the septoplasty. The patient should avoid exercise and heavy lifting during recovery. This is because an increase in heart rate and blood pressure could lead to additional bleeding, pain and swelling. The surgeon will tell the patient when it's safe to resume normal routines.

The level of improvement that can be expected after septoplasty depends on the severity of the



Status Report

Happening In Hospitals Today

GOV'T PANEL DEBATES CRITICAL DEVICES FOR PUBLIC HEALTH EMERGENCY

Silver Spring, Maryland — A group of doctors, professors and hospital industry leaders convened for a recent panel at the federal Food and Drug Administration (FDA) to debate and discuss which of the thousands of medical devices in current usage would be critical during a public health emergency.

The FDA panel focused on ensuring that the supply of such devices, and the supply chain for them, would be adequate during any future major disaster.

Given that medical devices range in complexity from classic handheld scalpels to multimillion-dollar MRI machines, suggestions varied widely.

The existence, and convening of, the panel, results at least partially from Section 506J—a March 2020 law that requires manufacturers to notify the FDA of any discontinuation or disruption in the manufacture of certain critical medical devices during, or in advance of, a public health emergency.

INSURED POOR-NEIGHBORHOOD RESIDENTS HAVE WORSE SURGICAL OUTCOMES, FINDS RESEARCH

College Station, Texas — At least theoretically, two people with health insurance could have the same diagnosis, treatment and surgery by the same surgeon but have different results—simply because one comes from a poorer neighborhood.

According to a study published in *JAMA Surgery*, patients from poor neighborhoods—even those with health insurance—are likelier to have worse postsurgical outcomes than those from better neighborhoods.

Researchers at the Texas A&M University School of Medicine looked at data collected from 2013 to 2019 by the National Surgical Quality Improvement Program (NSQIP) for 29,924 patients. Of those, 14,306 patients had private



CRITICAL COLLECTION: A U.S. GOVERNMENT PANEL RECENTLY DELIBERATED WHICH MODERN BIOMEDICAL DEVICES WOULD BE MOST IMPORTANT TO HAVE A SUPPLY OF IN A MAJOR CRISIS

insurance and 15,618 had Medicare.

The reason for the worse outcome, the study suggests, is because surgery patients from poorer neighborhoods have more *preoperative acute serious conditions* (PARS), meaning their general health was poorer in the first place.

NURSES LAUNCH BILLBOARD CAMPAIGN TO OPPOSE CALIF. HOSPITAL SALE

Palm Springs, California — Nurses are usually supposed to support you and make you feel good—unless you're the leadership of the Palm Springs, Calif.-based Desert Regional Medical Center.

There, two nurses groups—the California Nurses Association and National Nurses United—recently launched a billboard campaign against the sale of the hospital to Dallas-based Tenet Healthcare.

The billboards tell the public exactly what the Desert Regional RNs think: “Keep Desert a Public Hospital! NO SALE!”

The campaign was started after two videos circulated allegedly showing a leak in the hospital's neurological intensive care unit (NICU) and a pest infestation in the emergency department's break room.

According to nurses quoted in reports, the Texas-based Tenet chain has a long-standing practice of short-

staffing, which they said has caused patient safety issues.

NORTH CAROLINA HOSPITAL UNDERGOES \$3 MILLION SECURITY EXPANSION

Greenboro, North Carolina — It's a grim sign of the times. But while massive hospital expansion projects usually involve something medical, the Greensboro, N.C.-based Cone Health has now invested in a weapons detection system. It's part of a \$3 million package to bolster security in its emergency department and some of its public entrances at various hospitals, according to recent report in *Becker's Hospital Review*.

The decision comes as violence against healthcare workers, particularly nurses, continues to climb. According to *Becker's*, a recent report from National Nurses United found that a staggering 81.6 percent of nurses have experienced workplace violence, with half stating they have seen instances of violence increase in the last year alone.

The new detection systems have been up and running at Cone Health since February.

FLORIDA HOSPITAL SYSTEM SAVES \$4 MILLION WITH REMOTE PATIENT MONITORING

Hollywood, Florida — Nothing

like the one-on-one human touch—except when the complete opposite seems to be true.

Remote patient monitoring, or the usage of off-site technology to track hospitalized patients, has now reportedly saved the Hollywood, Florida-based Memorial Healthcare System some \$4 million.

It has done this by decreasing hospital admissions by 50 percent, readmissions by over 22 percent, and emergency-department visits by 27 percent, according to reports.

According to a Memorial press release, much of the remote-monitoring technology revolves around heart health—having patients wear cardiac sensors that constantly transmit real-time heart data to the hospital. With some 800 Memorial cardiac patients in the program, their conditions can be responded to in real-time by hospital doctors without them having to come in for treatment.

WEIGHT-LOSS PROGRAMS “GAINING WEIGHT” IN U.S. HEALTH SYSTEMS

Morgantown, West Virginia — According to trends tracked by the World Obesity Federation, some 51 percent of the world's population, or four billion people, are expected to have obesity by 2030.

But as blockbuster weight-loss drugs like Ozempic continue to spike in popularity across the U.S., American health systems are boosting in-house weight-management programs, too.

The Morgantown, West Virginia-based WVU Medicine hospital, for example, saw its employee weight-loss program grow from 96 to 250 participants in this year alone. According to the hospital, the average participant has thus far lost 16.5 percent of their beginning weight.

In fact, according to a recent survey, over 67 percent of Americans said they would stay with undesirable jobs simply because of the benefit of weight-loss medication coverage. What's more, another 20 percent even reported considering changing jobs to get said coverage. ★



A SHOT OF HEALTH: HOSPITALS ARE GIVING EMPLOYEES MORE WEIGHT-LOSS PROGRAMS



The Senior Care Gazette

News from
the World of
Hamaspik
HomeCare and
Senior Health

Actively Promoting Active Lives

Beneficial, Therapeutic Senior Recreation is a Vital Part of Care at Hamaspik HomeCare

Getting up there in years doesn't mean that physical activity should slow down.

Quite the opposite, it turns out.

Staying physically and mentally fit is vital for people of any age—but especially so for people of 60 or more years of age. With seniors, countless studies show association—if not outright causation—between continued physical and/or mental activity and lower rates of disease and mortality.

At Hamaspik HomeCare, getting supported seniors engaged in recreational activities and hobbies is thus anything but a luxurious option or extra.

“We always discuss with our patient activities to be done throughout the

day,” Hamaspik HomeCare Field Nurse Adina Bodlander, RN tells the *Gazette*, asked if senior recreation is part of clients' regular care plans. “It is something that we follow up on during our visits and is a goal/task on our care plans. Whenever possible, we encourage patients to get out of the house and participate in activities with friends, family and community.”

Among the recreational activities and hobbies commonly advised by experts for seniors 60-plus are such staples as regularly walking or swimming, and more-unusual but equally-effective entries like crossword or jigsaw puzzles, or joining a community choir. Other suggestions include learning a new language, a new musical instrument, or even a new skill

like photography.

“The best activities are the ones that the patient enjoys and therefore they want to keep up with and do on a regular basis. When a hobby includes physical activity, that's great because you're able to combine physical and mental health into one,” Mrs. Bodlander explains. “Hobbies should feel relaxing. They should be something that the person looks forward to and feels happy and refreshed after doing.”

In fact, in a 2009 study in the journal *Psychosomatic Medicine*, close to 1400 adults had their Pittsburgh Enjoyable Activities Test (PEAT) numbers compared to their blood pressure, cortisol, body mass index (BMI) and waist circumference numbers. The study found that “higher

PEAT scores were associated with lower blood pressure, total cortisol, waist circumference, and body mass index.”

To determine what activity to take up, seniors should think about what they'd like to do, with family members helping with research. Family members can then encourage their loved ones to attend community venues providing those activities and facilitate their transportation to and fro—or bring them any necessary supplies should they need to remain at home.

“I definitely see the major pros of clients who have set activities,” testifies Mrs. Bodlander. “It is a very good feeling when we are able to help them get set up.” ★

Gov't Report Finds Staff Shortages at Nursing Homes Continue Since Covid

Dept. of Health and Human Services' Office of the Inspector General Says High Employee Turnover Ongoing Problem

Washington, D.C. — Understaffing and overwork at U.S. nursing homes existed before 2020—with the COVID-19 pandemic only making them worse.

A report entitled “Lessons Learned During the Pandemic Can Help Improve Care in Nursing Homes” looked simultaneously at the recent past and future of U.S. nursing homes in the context of the pandemic crisis.

The report was prepared by the Office of the Inspector General (OIG), a key department within the gargantuan U.S. Dept. of Health and Human Services (HHS).

To arrive at its conclusions, OIG staff conducted 25 in-depth, structured phone interviews with nursing home administrators across the country from December 2021 through July 2022. Staff asked about pandemic experiences—primarily, challenges and strategies related to staffing and infection control.

The report shows that nursing homes are still reeling from the damage inflicted by the pandemic, when shortages of personal protective equipment (PPE) and widespread fear of infection drove away seasoned employees.

In particular, staffing problems are “monumental,” the report said, noting high levels of burnout, frequent employee turnover and the time-consuming burdens of constantly training new employees. For nursing homes, the inability to hire and keep certified nurse aides, food preparation staff and housekeeping workers is tied to federal and state reimbursements that do not cover the full cost of care.

The report also noted that the challenges of trying to recruit reliable help has been exacerbated by private staffing agencies that step in quickly but charge nursing homes as much as 50 percent more for workers. Meanwhile, the report also noted that

existing workers discovered that they could earn more per hour, for less-demanding work, with jobs at big-box stores, fast-food chains and even package delivery companies.

The report was not without a few bright spots: Some nursing homes have

been successful when they got creative in trying to retain staff, using hiring bonuses, free staff meals and licensing waivers that allow nursing assistant students to get on-the-job training.

“Just as airplanes cannot be repaired while in flight, nursing home challenges could not be fully repaired during the pandemic,” Rachel Bryan, a social science analyst with the Inspector General's office, told the *Times*. “We feel very strongly that as we come out of emergency mode, we take the time to reflect, learn and take real steps toward meaningful change.” ★

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