

# HAMASPIK GAZETTE



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News of Hamaspiik Agencies and General Health

## Rockland, Rejoice! First-ever Enhanced Workforce Prep Program for Young Women Opens

*High-end Studies, Hands-on Courses Geared for Bottom-line Life Quality Improvements*

History is being made for Rockland County residents and their family members—with the opening of the first-ever long-term job-training and life-prep program for high-functioning young women with developmental disabilities.

The first class is already underway—taking services for this niche demographic to a whole new (and markedly fun!) level.

The program represents a sea change in the world of human-services social supports: Providing the highest-functioning individuals with a program that parallels the schools that educate typical young women. It accommodates a growing number of students with easily-internalized classes on common subjects, instruction in daily life skills, training in housekeeping, and even how to hold down a basic secure job—and all against an upbeat, cheery background of motivational fun.

Students and parents alike report satisfaction with the newly-opened program, a brand-new, independent



**WHERE IT BEGINS** All-new computer workstations in the program's library. The comprehensive new initiative for young women is the first of its kind

project that blazes a new trail in the world of services and supports.

In terms of education, it's as real as it gets.

Like typical young women attending schools of higher learning

and academics post-high school, the new program has its students getting intensive but practicable sessions in cooking, housekeeping, personal health and hygiene, and employment preparation.

In that area alone, special emphasis is made on cultivating productivity habits, with an eye towards a future marked by gainful employment and the concurrent and critical boost in self-esteem.

After all, that's the overarching mission of the program: To build up each student to her maximum potential.

Baking, sewing and even flower arranging are all among the skills taught so as to elevate students' level of function—as well as their marketability for the workforce.

But not to ignore the students' spiritual needs, the program also boasts a fully daily schedule of classes on Jewish philosophy, law and history.

The program also serves healthy

*Continued on Page E5*

## New York Medicaid Redesign Team (MRT) Savings Generates New Disability Housing

*Cuomo Cost-cutting Initiative Produces Fully Accessible Manhattan Apartment Complex*

A new 175-unit housing project in Manhattan's East Harlem has now been built with a critical \$7.3 million contribution from the New York State Dept. of Health (DOH)'s Medicaid Redesign Team (MRT)—the first such disability-housing

financing from Gov. Andrew Cuomo's cost-cutting initiative.

The state DOH oversees Medicaid and Medicare, the state/federal healthcare programs respectively for the poor/disabled and seniors.

Under the state MRT's recently-finalized agreement with the federal government, savings—some \$8 billion—generated by New York's ongoing efforts to financially streamline its Medicaid and Medicare programs are now to be reinvested into improving those programs.

Metro 99, as the project is named, stands at 301 E. 99th St. in Manhattan as an early example of the MRT's success.

The \$52.2 million project by developer SKA Marin, provides permanent supportive housing to people with disabilities currently living in the soon-to-be-closed Goldwater Hospital on Roosevelt Island.

According to SKA Marin CEO Sydelle Knepper, many Goldwater

residents no longer needed long-term care and could live independently with the right services.

Metro 99 was built from the ground up with those right services and supports in mind, combining as it does roll-in showers in its one-bedroom and studio apartments, three elevators servicing residents, and rail bars in all public hallways.

With the majority of residents mobility-impaired or chronically disabled, including several individuals with partial or complete paralysis, Metro 99 also houses an on-site adult day program for residents operated by the Carter Burden Center for the Aging.

Additional taxpayer funding for

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### HAMASPIK GAZETTE

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**O P W D D**

**Community Habilitation**

Providing: Personal worker to achieve daily living skill goals

**Home Based Respite**

Providing: Relief for parents of special needs individuals

**After School Respite**

Providing: A program for after school hours and school vacations

**Supplemental Day Hab Program**

Providing: an extended day program

**Camp Neshomah Summer Day Program**

Providing: A day program during summer and winter school breaks

**Individual Residential Alternative**

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

**Individual Support Services**

Providing: Apartments and support for individuals who can live independently

**Family Support Services**

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

**Day Habilitation**

Providing: a Day program for adults with special needs

**Article 16 Clinic**

Providing: Physical therapy · Occupational therapy · Speech therapy · Psychology · Social work · Psychiatry · Nursing · Nutrition

**Environmental Modification**

Providing: Home modifications for special needs individuals

**Supported Employment**

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

**Enhanced Supported Employment**

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

**Medicaid Service Coordination**

Providing: An advocate for the individual to coordinate available benefits

**Home Family Care**

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

**Intermediate Care Facility**

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

**IBS**

Providing: Intensive Behavior Services

**Plan of Care**

Providing: Support for the families of individuals with special needs

**D O H**

**Traumatic Brain Injury**

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

**Early Intervention**

Providing: Multidisciplinary and supplemental Evaluations · Home and community based services · Center based services · Parent/child groups · Ongoing service coordination · Physical therapy · Occupational therapy · Speech therapy · Special education · Nutrition · Social work · Family training · Vision services · Bilingual providers · Play therapy · Family counseling

**Care At Home**

Providing: Nursing · Personal care aide · Therapy · Respite · Medical supplies · Adaptive technology · Service coordination

**Nursing Home Transition and Diversion**

Providing: Service Coordination · Assistive technology · Moving assistance · Community transitional services · Home community support services · E-Mods · Independent living skills · Positive behavioral interventions · Structured day program

**Child & Adult Care Food Program**

Providing: Breakfast · Lunch · Supper · Snack

**LHCSA - HamaspiKare**

**Personal Care & Support Services**

Providing: Home Health Aides · Homemakers · Personal Care Aides · Housekeepers · HCSS aides

**Counseling Services**

Providing: Dietician/Nutrition counselors · Social Workers

**Rehabilitation Services**

Providing: Physical therapy · Speech therapy · Occupational therapy · individuals

**PACE-CDPAP**

Providing: Personal aides for people in need

**Social and Environmental Supports**

Providing: Minor maintenance for qualified

**Social Model**

Providing: A social day program for senior patients

**Nursing Services**

Providing: Skilled observation and assessment · Care planning · paraprofessional supervision · clinical monitoring and coordination · Medication management · physician-ordered nursing intervention and skill treatments

**HamaspiK CHOICE**

A Managed Long Term Care Plan (MLTCP) approved by New York State

**HCR**

**Access To Home**

Providing: Home modifications for people with physical disabilities

**RESTORE**

Providing: Emergency house repairs for senior citizens

**HOME**

**Rehabilitation Program**

Providing: Remodeling dilapidated homes for low income home owners

**NYSED**

**Vocational Rehabilitation Services**

Providing: Employment planning · Job development · Job placement

**Job coaching**

Intensive and ongoing support for individuals with physical, mental and/or developmental disabilities to become employed and to maintain employment

**NYSHA**

**Training**

Providing: SCIP · CPR & first aid · Orientation · MSC CORE · AMAP · Annual Updates · Com-Hab/Respite · Family Care training · Supportive Employment

**HamaspiK Gazette**

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

**Parental Retreats**

Providing: Getaways and retreats for parents of special needs individuals · Parent support groups

# The 100-year Picture of Concept to Cure: Thousands of Scientists, Papers

*Research into Research Tracks  
Decades-long Process into Key Discoveries*

It can take up to 100 years to find a real cure for a specific disease.

Conventional wisdom has it at about ten years for a new drug to go from concept to completion. But new research into the bigger picture of research now finds that it takes closer to 100 years for research to find a drug that truly represents a major cure.

Researchers with the San Francisco-based Gladstone Institutes, a non-profit biomedical research organization, looked at the full research history that led to the development of two “wonder drugs.”

For cancer drug Yervoy and cystic fibrosis (CF) medication Kalydeco, the researchers traced both drugs’ development back through decades of medical research, scientific studies and papers.

Compiling and documenting the scientific steps needed to develop each over the

years, the researchers found that Yervoy involved over 7,000 researchers and 5,700 different institutions working in succession over 100 years.

For the CF drug, the trail from birth to prescription involved 2,900 scientists, 2,500 research centers and 60 years, according to Gladstone’s research.

Notably, however, the researchers found that “elite performers”—its phrase for select scientists who contributed accelerated development of the drugs in question—were key to the discovery process.

According to Gladstone president R. Sanders Williams, M.D., the research underscores the need to replicate the research habits of elite performers to speed up research and development, and to increase federal taxpayer funding of government medical research. ■

## Vitamin D, Calcium Don’t Stop Colon Cancer

An Oct. 15 study in the *New England Journal of Medicine* says that calcium and vitamin D are not all they’re cracked up to be—at least when it comes to preventing colorectal cancer.

In decades of previous studies, including one conducted by an author of the current study, calcium and vitamin D were shown to be associated with the prevention of precancerous growths (adenomas) in the colon. The new study negates that.

The study had some 2,000 people who’d had precancerous adenomas removed take low dosages of calcium or vitamin D, or both, or a placebo, for up to five years. Upon follow-ups three to five years after the study’s start, though, 43 percent of partici-

pants had recurring adenomas—whether or not they were taking calcium, vitamin D or both.

Still, other experts note that results may have been different had participants had no histories of colon growths, or had they taken higher dosages of the nutrients.

In related news, another study found that calcium supplements (meaning calcium pills, not calcium in your food) actually increased growth of kidney stones in patients who are at risk for them.

Vitamin D, for its part, has long been associated in a number of unrelated studies with a number of health benefits. Vitamin D is primarily produced by the skin through exposure to sunlight. ■

## Work protects health— or health protects work?

A review of data on over 83,000 Americans over 65 indicates that working keeps you healthy. The study found that unemployed or retired seniors had higher risk of poor health than those remaining in the workforce.

The study also found that, among employed seniors, workers in the most physically demanding jobs had the lowest risk of bad health—apparently because the ongoing work keeps them physically fit.

The University of Miami study, published in the Sept. issue of *Preventing Chronic Disease*, also found that staying in the workforce can benefit seniors’ health by increasing their social contact and income and providing more comprehensive health insurance.

The news comes after the Associated Press reported on centenarian Felimina Rotundo of Buffalo, New York, who works 11-hour days six days a week at a laundro-

mat—despite having turned 100 years old this past August.

“Not working can lead to overall poor health,” Prof. Jay Olshanky, an aging expert, told health outlet *Medline Plus*.

However, Olshanky said, the study doesn’t prove that working keeps you healthy—but, he added, “Your chances of remaining healthy longer are better if you continue working.”

On the other hand, Olshanky noted, “People who are unhealthy tend to quit working.”

So is it work that keeps you fit, or being fit that keeps you at work? We may never know.

As far as Ms. Rotundo is concerned, she told the AP that work “gives her something to do” and that she’ll continue working as long as her health is good—perhaps making the case for both sides of the debate. ■

# The Senior Care Gazette

News from the World of HamaspikCare, Hamaspik Choice and Senior Health

## A DAY IN THE LIFE OF A HOME CARE AGENCY PHYSICAL THERAPIST

*HamaspikCare PT David Rosenberg Leaves Patients "Safe at Home"*

David Rosenberg is a SUNY Downstate-educated physical therapist (PT), and a good one at that. He's also a cancer survivor. He can tell you a thing or two about people in need.

Small wonder he works for HamaspikCare.

HamaspikCare is Hamaspik's ever-expanding and award-winning licensed home-care services agency (LHCSA). Born in the summer of 2010 out of a need to better service one client who could only get certain supports if Hamaspik had a LHCSA license, the entire HamaspikCare division was launched just to help that one woman.

Five years, dozens of employees and hundreds of patients later, HamaspikCare hasn't forgotten it.

HamaspikCare is first and foremost a home-care agency—a title that means pretty much what it sounds like.

Under HamaspikCare, people who need care at home, be that unskilled personal assistance or specialized nursing, get the helping hands they need to live the healthiest possible lives.

With most patients being seniors who just need that extra hand around the house—someone to help with the kitchen dishes, a discreet hand with personal hygiene and wardrobe—the better part of HamaspikCare's services consist of its Consumer Directed Personal Aide Service (CDPAS), or its home health aide (HHA) service.

The CDPAS service allows a senior to get a personal aide, who often is a non-immediate relative, to help him or her with shopping, errands, housekeeping or even just getting out and about.

The next rung on HamaspikCare's ladder of services complexity is the HHA and the personal care aide (PCA).

Unlike the CDPAS worker, whose entire training consists of the specific instructions the patient provides him or her, HHAs and PCAs must take and pass New York State-approved tests.

Such health workers are typically called upon to help patients in and out of bed, remind them to take their medications, and assist with other more involved tasks that require rudimentary medical knowledge.

HamaspikCare's most involved patients demand a professionally-schooled registered nurse (RN), who will do things only a nurse is legally permitted to do, like administer injections. Some of HamaspikCare's patients have at times even required shift nursing, or the presence of an RN for several hours a day, or even 'round-the-clock nursing.

But between those levels of care, or at times complementing them, is Mr. Rosenberg's niche: Physical therapy.

In the discharge of his daily duties as HamaspikCare staff PT, David Rosenberg will see five to seven patients a day.

The majority, perhaps understandably, are seniors. Some, though, will be people with chronic illnesses, young folks with developmental disabilities, or accident victims.

In discerningly developing the Plan of Care (POC) for each individual patient, Mr. Rosenberg has in his toolbox many means to the desired ends.

Contrary to the stereotype of PTs as glorified masseuses with minimal training, the practicing physical therapist is the product of years of rigorous schooling. He or she must know the name and function of every muscle, tendon and ligament in the body, for starters. And in working with his

patients, Mr. Rosenberg deploys all of that knowledge, and more, in determining the best and most efficacious route to the desired goal.

"My focus is mostly on function," he says, noting that the PT's job is restore the patient's ability to physically move and interact with the immediate environment. (This writer can personally attest to that, having benefited recently from a PT regimen for an injured shoulder.)

Towards that end, Mr. Rosenberg will first ascertain what sort of disability or condition he's dealing with: Orthopedic, genetic-related, neurological or systemic, as well as whether it's acute or chronic.

The majority of his cases will be orthopedic (like joint-replacement patients). Others, like stroke survivors, will be neurologic.

Then it's time to get to work.

Deploying any number of exercises and stretches, including warm-up sessions that loosen up affected muscle, Mr. Rosenberg will design a custom home exercise plan (HEP) right there that's specifically geared for the specific individual and his or her injury or decreased function. The HEP will focus on functional deficits, like trouble with negotiating staircases, walking, maintaining balance, reaching, and transferring objects between surfaces.

Specific movements, repetitions, and increasing level of light weights are all part of the array of options that Mr. Rosenberg, as any professional PT, deploys to target the patient's precise functional problem, of which no two are the same.

In a good number of cases, improving long-term function calls for using equipment, ranging from elastic resistance stretching bands to walkers or canes and other such durable medical equipment (DME). Part of Mr. Rosenberg's work, then, comprises prescribing such items or DME, or seeing to it that said is ordered and delivered.

Once a regimen has been crafted, the patient (if he or she can) will be walked through it, step by patient step. Rosenberg stands by with hawk-eyed attentiveness, watching for any signs of strain, listening for any complaints of pain—and making critical course corrections as the patient proceeds.

When the patient has demonstrated that he or she "gets it" and knows what to do, he or she will be given homework, which usually calls for daily repetition of the HEP.

In more than a few cases, the patient's personal-care staff—CDPAS aides, HHAs, PCAs or even nurses—will be on hand as Mr. Rosenberg makes his initial visit, assessment and therapy plan. They then can assist the patient with the new daily therapy routine in days and weeks to come.

In other cases, the Hamaspik PT will be called upon to return on a regular basis, to either oversee the discharge of the exercises as carried out by other staff, or to do it himself.

All that is done by Mr. Rosenberg several times a day, all across the greater Hudson Valley; HamaspikCare's upstate service region focuses on that area.

"My goal is to make sure patients are safe at home," he smiles and says.

And with the deployment of his vast arsenal of salubrious professional skills, coupled with HamaspikCare's trademark caring, a lot more people with home health needs are safe at home thanks to one David Rosenberg, PT. ■

### Carrots, greens do help aging eyes

A study by the Harvard School of Public Health has found an apparent connection between not getting age-related macular degeneration (AMD) in the eyes and eating bright orange and/or dark green vegetables.

Orange-colored veggies like carrots or sweet potatoes, and dark green-colored ones like spinach, broccoli and kale, contain natural pigments called carotenoids.

Carotenoids, particularly the types of carotenoids called lutein and zeaxanthin, concentrate in the macula, the part of the eye whose degeneration causes major vision impairment and loss in older adults.

Carotenoids are believed to help protect the macula against long-term damage from light and oxygen exposure.

The study reviewed 25 years of health data collected from nurses and other health professionals who were 50 or older at the collections' start. Researchers found that those who reported regularly consuming the highest amount of vegetables containing lutein and zeaxanthin had a 40 percent lower risk of advanced AMD.

However, researchers did not find any link between the carotenoids and the intermediate form of AMD. Lutein is found in eggs and dark leafy vegetables like broccoli, kale and spinach. Zeaxanthin is found in corn, orange peppers and goji berries.

The study was published Oct. 8 in *JAMA Ophthalmology*.

### ERs: Check senior falls for infections!

Conventional wisdom says that seniors are prone to falls because of their age, and the reduced coordination and mobility that comes with age. But Massachusetts General Hospital researchers noticed that many seniors (and others) visiting their ER over the years for falls also turned out to have infections.

According to their new study, infections can lower blood pressure and lead to lightheadedness and dizziness, increasing fall risk. Older people already affected by dementia can be further confused under the influence of an infection, also increasing risk.

The study looked at 161 patients being treated in the ER for falls who were later found to be carrying urinary, bloodstream or respiratory infections.

Four out of ten were at first not suspected of being infected, perhaps because of lack of defining symptoms like fever or rapid heart rate.

According to the researchers, ERs treating seniors for falls should check for infections, too.

### Concussion symptoms persist in older adults

A study published Oct. 6 in *Radiology* says that older adults recover slower from concussion than do younger patients. The study of 26 concussion patients, 13 who were ages 21 to 30 and 13 between ages 51 to 68, found that younger patients saw a significant drop in symptoms by ten weeks after the concussion, while the older patients didn't.

Concussion accounts for 75 percent of all traumatic brain injuries. ■



# Inspiration and Participation: Hamaspik Month of Holidays Marked by Full Comm-



**THROWING IT ALL AWAY** A group of Hamaspik of Rockland County beneficiaries recite the symbolic Tashlich casting away of sins before Yom Kippur

Walk into any shul during the High Holiday season and you'll see the full community spectrum.

Towards the front, in the seats typically reserved for honored elders and community leaders, you'll see an elderly gentleman, dressed in the ageless good taste typical for men like him. In one corner, you'll have a young father, shiny brown hair bedecked by tallis, surrounded by a bouncy bunch of boys, all his own.

Across the room, occupying most remaining seats, are men of all ages and backgrounds—olive-skinned teens of Middle Eastern stock, blonde-haired thirty-somethings, sidelocked Chasidic gray-beards, clean-shaven black-hatters of the Lithuanian tradition, doctors, lawyers, business owners and bus drivers.

And, if any of those synagogues are within vicinity of the dozen-plus

Hamaspik group homes across three counties, chances are you'll see at least some of their residents in shul, too.

Speaking to the bulk of managers and staff across Hamaspik's network of Individualized Residential Alternatives (IRAs) immediately after the season, the Gazette gleaned reports of synagogue visits by Hamaspik IRA residents and their staff throughout the

Tishrei month.

Those visits were clearly the collective highlight of the season, according to staff across the agency.

What with synagogue services the order of the day on both days of Rosh Hashanah, Yom Kippur, and the heady first and last two days of Sukkos, people who live in Hamaspik IRAs near those synagogues were notably present throughout (despite the inclement weather)—with their presence underscoring Hamaspik's unspoken value of giving its beneficiaries the best and most self-guided life possible.

Their presence and participation didn't just indicate their comfort in the mainstream, or the welcoming embrace of the micro-community that is each synagogue, but the endless furthering of the disability integration that's among progressive society's worthiest values.

But before, after and between the synagogue services held across the five holidays of the Tishrei Jewish-calendar month, Hamaspik's IRA residents found plenty of holiday cheer, too.

The Borough Park-based 38th St. Shvesterhim IRA, the youngest Brooklyn group home of Hamaspik of Kings County, marked Tishrei not just with visits to local shuls, but also to exciting concerts (including Hamaspik's grand Sukkos concert in Monsey—see "Giving Integration a Mainstream Voice at Hamaspik Community Concert," pg. E6).

Those outings also included the great American pastime of window shopping, as staff took their "girls" out for a stroll through the indoor and gloriously precipitation-free Atlantic Mall in central Brooklyn on a rainy Thursday, October 1.

Across Brooklyn at Williamsburg's South 9th Shvesterhim (38th's sister home in many ways), Home Manager Mrs. Malkie Cziment reports that her residents were embraced by local synagogues—the neighborhood's

Karistirer congregation in particular.

Regarding that synagogue's positive treatment of her charges, Mrs. Cziment says, "It's an understatement that 'they were very nice!'"

That positive welcome by congregants was only matched by Mrs. Cziment's exacting attentiveness to each individual's spiritual needs—ensuring that those bereft of parents attended the Yizkor memorial services over the holidays and even providing each with her own elegant Machzor (High Holiday prayer book).

Perhaps laying the groundwork for that spiritual enrichment was the spirit with which the Tishrei season was ushered in at South 9th during the preceding Elul month, as Manager Cziment supported residents' New Year's resolutions with Rosh Hashanah's approach.

Among other resolutions, Mrs. Cziment reports, the young ladies proved determined to be nice to each other and all others, demonstrating notable respect in that regard to those around them over the season.

Up north in Rockland County, home to a sprawling network of Hamaspik special-needs supports and services, Hamaspik's group-home residents were right at home at nearby shuls throughout Tishrei.

At the Arcadian Briderheim IRA, managed expertly by longtime Hamaspik lieutenant Shlomo Lebowitz, the "boys" heard the blowing of the shofar so central to Rosh Hashanah at the shul right up the street and around the corner. For those not ambulatory enough to make it, a dedicated staffer blew it big time—sounding the ancient ram's horn in the prescribed precise pattern right at home to allow the precious young men to hear the sacred sounds.

Of course, like all other Hamaspik group homes, the Arcadian group found itself on the second Chol Hamoed "Intermediate Day" of Sukkos, or Thursday, Oct. 1,



**PERSONAL CHOICE ON DISPLAY** Wannamaker resident Moshe checks out the goods at a local seller of esrogim (citrons), the exotic fruits used in Sukkos holiday rituals



**TAKING IT TO THE TOP** Concord resident Shlomo helps lay out the bamboo roof of his home's sukkah

# Homes Join Community Across Tishrei

## -unity Inclusion for Locals with Disabilities

at the grand Hamaspik concert. It should be noted that for Arcadian, as with all other group homes, the concert was but one of several local trips across Chol Hamoed.

The Wannamaker Briderheim IRA, so named because it's located on Wannamaker Rd. and it's a Briderheim (Yiddish lit. "brothers home") and it's an IRA, wasted no time and lost no opportunity maximizing the Tishrei spirit throughout Tishrei—largely because, well, it was Tishrei.

That Hamaspik of Rockland County group home, which under the equally youthful Manager Joel (Feish) Horowitz is the youngest of that agency's cluster of group homes, had all of its residents attend the Rosh Hashanah and Yom Kippur services at nearby synagogues. After authoritative safety consultations with doctors, some even managed to make good on their wishes to fast for the entire sacred day, taking any medications without food or water.

Driving home the point of community acceptance and presence more than anything else, though,

was the gentlemen's presence at "Hakafof" (lit. "Circuits").

Hakafof refers to the traditional dancing conducted in synagogues on the back-to-back holidays of Shmini Atzeres and Simchas Torah, in which congregants form a great circle (symbolizing unity and equality, by the way) around the bimah, or central reading table.

Wrapping the Torah scrolls in their arms while singing popular customary melodies, congregants dance seven revolutions around the bimah—creating scenes of spontaneity, expressiveness and joy that not only capture the essence of the holiday but also serve as a spiritual culmination of the entire month of holidays.

If anything, Shmini Atzeres and Simchas Torah are lots of fun. The formalities of the synagogue give way to men of all ages skipping about like kids, the kids thrilling to the candies and colorful flags they get to wave about, and a song on everyone's lips.

Becoming an indelible part and parcel of that scene were the young men of Wannamaker, who not only

danced along with their typical peers but were cheered on as they participated and even got to dance while holding the precious Torah scrolls—just like everyone else.

Hamaspik of Rockland County's first group home, the Forshay Briderheim IRA, marked Tishrei primarily by doing pretty much everything.

That's because most of its residents are very high-functioning young men with intellectual or other disabilities—a fact which, under the leadership of Manager Mrs. Sarah Fischer, doesn't stop them from participating in the rich life of the community surrounding them to the extent possible.

For starters, the young men aided and abetted Forshay's team of capable Direct Support Professional (DSP) staff in putting up the home's beautiful backyard sukkah. That's the vegetation-topped, Biblically-mandated outdoor hut in which Orthodox Jews take meals and even bundle up to sleep during the seven days of Sukkos, symbolizing G-d's encompassing protection.

Mrs. Fischer saw to it that each

of the gentlemen also received his own set of Lulav and Esrog, the four-part bouquet of sorts used on Sukkos in special synagogue rituals. (A lulav is actually an unopened palm leaf; the esrog is the citron fruit while the rest of the set consists of myrtle and willow branches.)

Significantly, wishing to do as their community does, they all fasted throughout Yom Kippur, the Manager notes, with most even remaining in shul for services for most of the time, she adds.

Chol Hamoed was enjoyed by Forshay mostly by attending the Hamaspik concert.

According to Mrs. Fischer, however, the highlight of the entire holiday month was not just the live music and dancing at two local synagogues during Sukkos' Intermediate Days in which the young men participated, but the fact that at one of them, Congregation Netzach Yisroel under the leadership of the much-loved Grand Rabbi Chaim L. Rotenberg, all the gentlemen were called up to the Torah reading on Simchas Torah.

"Getting an aliyah," or being



Arcadian Briderheim's sukkah

called up to the bimah when the Torah is being read, is a communal honor and status symbol on any day—and all the more so when you get your aliyah on Simchas Torah, the holiday that celebrates everything that is Torah.

But it wasn't just Simchas Torah that made Hamaspik's beneficiaries feel they belong. It was the entire Tishrei. And it was the entire community. ■

## Job Prep Program

### High-end Studies, Hands-on Courses Improve Lives

*Continued from cover*

breakfasts and lunches, and incorporates a robust daily exercise regimen.

In short, according to program director Mrs. Esty Schonfeld, "Everything we do with the ladies and girls is for a purpose, and for a personal goal of accomplishing all that one could."

With the Chanukah month approaching, students are shining with their full daily schedule—not only lighting themselves up but brightening all those around them, both inside and outside the program. For example, students have been recently volunteering to bring some of the program's own homemade cooking to homebound new young mothers and hospital patients alike.

As it turns out, students have actually been visiting the aging residents of nursing homes—chatting and socializing with them, singing for (and with) them, or otherwise boosting their morale in a way that can't quite be described.

The daily program begins with the morning Shachris prayer service, with each student enjoying her own real prayer book and designated seat.

Once a day, students head out with staff for their regular jobs, ranging from playgroup assistants to

pharmacy clerks—earning real money that they can then actually spend—a validating and real-world experience whose value is positively beyond words.

But that's hardly all.

Several times a week, the students enjoy professional classes in basic computing and graphics with the long-term goal of securing related employment. Classes also include therapeutic arts and crafts and cooking.

A birds-eye glance at the program reveals a schedule brimming with goals and stimulation for each individual student and her personal profile. From the aforementioned jobs and training to exercise and personal hygiene, and from personal finance to handwriting and math, the program presses ahead on every possible personal front.

And no student wants to miss the stimulating and content-filled classes taught by staff, ranging from practical halachah (Jewish law) to Torah study and interpersonal ethics—and even a weekly test each Friday.

The joy of students and staff alike is only matched by ongoing results—rewarding, and with earned interest, every bit of invested effort and sweat.

That positive, upbeat atmos-

phere is only accentuated by the initiative's regular dance lessons. And let's not forget the music lessons, at which each student studies a different instrument and eventually learns to play along with other students in a veritable orchestra of self-confidence and happiness.

A sumptuous and nutritious lunch, out of a kitchen and food program under the watchful vigilance of Kiryas Joel's kosher supervision group, is served every midday, with the following hours also filled with practical goals.

Junk food is frowned upon at the program. Even the fresh-baked goods, including chocolate truffles and sweet compotes, produced onsite by the students in the course of their training, are not indulged in too frequently. Those goods are, however, whipped up with the intent of presenting them to various volunteer-driven organizations that regularly visit the sick or lonely.

Further balancing and optimizing students' health and nutrition is the program's regular daily health regimen led by professional instructors. That regimen comprises not just physical workouts in a respectable gym on the premises but also massage therapy, mindfulness, Yoga and even life coaching.

What about social skills?

"Ah," knowingly smiles Director Schonfeld, "That's our best-kept secret!"

In that regard, the program boasts a dedicated weekly group therapy session of the highest caliber. Guided by a professional social worker, the students gain a world of invaluable social skills and insights—and learn how to bond and socialize with each other, their typical peers and the world at large. They even have pen pals!

What does that look like?

Under the leadership of Mrs. Schonfeld, each student has her own personal pen pal to whom she regularly writes (with assistance from staff)—and from whom she regularly gets mail.

"It means the world to them," says Mrs. Schonfeld. "They feel like a million dollars!" It also makes the program even more fun than it already is—a critical component of the positive atmosphere.

With such a busy and productive day, there isn't too much time for making runs on the Post Office. But at the program, letters are first painstakingly inserted into elegant envelopes—and then, somewhere in the middle of the week, between job training, lectures, volunteering and more, students are bused over to their nearest real U.S. Post Office.

There, surrounded by post office boxes (where they also collect their pen-pal mail), service counters, and impressed customers and employees

alike, the students see their letters off.

How about Friday's proceedings? A look at the schedule indicates that Friday at the program might just be best dubbed "Magic Day."

That's because the program manages to cram a good six hours' or more's worth of programming into three or four hours of the short Friday school day (with the early-arriving Shabbos, schools and businesses in the Orthodox Jewish community close early on winter Fridays).

Friday at the program thus looks like morning services, breakfast, exercise in the gym, activities, Story Time, games and puzzles, reviewing the week's studies, Snack Time, and—somewhere between all of that—baking and decorating a cake or dicing up a fresh fruit salad for Shabbos.

Only one question remains unanswered: When do students have a free second?

It's hard to answer. But the fact remains that, every day before they go home, students also manage to get in a few verses of Tehilim (Psalms)—whispering heartfelt prayers for themselves, family and friends and, indeed, the entire world.

In the meantime, plans for the program for high-functioning students proceed apace—with the highest of hopes for the future. ■

# Giving Integration a Mainstream Voice at Hamaspik Community Concert

*Taking Center Stage at Music Event, Individuals Make Themselves Heard*

From far and near they came. And for days—and in some cases, weeks—they talked about it and discussed it, after the event and even before it.

It was Hamaspik's grand annual family outing. And boy was it ever fun!

This year, for an exciting and fresh change of venue, Hamaspik Special Events Coordinator Mrs. Brenda Katina switched gears.

While the agency's outings for the children and adults they serve, and their families and caregivers, involved rentals of indoor family fun centers or even seasonal outdoor amusement parks in recent years, Mrs. Katina opted for something flavorfully different at Sukkos this year—a return to the grand Hamaspik community concerts held in years before that.

Chol Hamoed, the four-day "Intermediate Day" period occupying the center of the nine-day Sukkos holiday, is customarily marked with family-friendly fun activities.

And ensuring that the hundreds of individuals under its purview have as much Chol Hamoed fun as do their typical peers, Hamaspik has long had the tradition of organizing an exclusive outing each Chol Hamoed for the entire Hamaspik community.

That community consists of residents (and, of course, loving staff) of its dozen-plus Individualized Residential Alternatives (IRAs), the precious young beneficiaries of Hamaspik's sprawling Community Habilitation (Comm Hab) program



**THE SIGHT OF SOUND** Backed by the Zemirois Choir and a bunch of boisterous volunteers (far right), Yoely Greenfeld commands the stage and sets the tone

and, let's not forget, Hamaspik's successful Family Care program—the largest such New York State-partnered project of its kind in the entire state.

Working for weeks in advance as usual to give them all a positive experience to remember was Hamaspik's very own Mrs. Brenda Katina. And this time, Mrs. Katina pulled off all the demanding logistics necessary for a professional unique concert event—this one

geared from conception through completion with young people with special needs in mind.

### Setting the stage

The stage was literally set. The hall lights were down. The spotlight towers were up. The chairs were laid out. The singers were in.

It was sometime past noon on Wednesday, September 30 at the spacious and cavernous Ateres Charna social hall in the Rockland

County village of New Square, New York. Mrs. Katina and husband Chaim Mendel were on site ironing out all the last-minute logistical wrinkles that predictably pop up with large-scale events like these.

Several hundred seats were set up in long neat rows across the hall. Two giant screens were positioned on both sides of the chamber to allow all to clearly see the proceedings from any point. A robust sound system stood at the ready, mike stands occupying the front of the stage.

At 2:00 p.m., with an on-site "all systems go," the first of the capacity crowd began to trickle in.

Pulling up in private cars and hired buses alike, from points as far as further-upstate Orange County and as far south as Brooklyn and New Jersey, individuals and their caregivers and family members made their way into the hall.

As usual, they were greeted by Mrs. Katina and staff, all sporting that trademark Hamaspik smile. Tables laden with goodies stood off to one side, with individually plastic-wrapped pastries, fresh orange-juice drinks and other snack staples in ample abundance.

By 2:30 p.m., with the parking lot filled with buses, cars and Hamaspik's instantly-recognizable navy blue Transport Vans, the social hall was filling up—and the event was ready to launch.

Master of Ceremonies Motty Zeiger, a much-beloved figure on the non-profit event circuit, took the podium to work the crowd as the clock struck half past two.

Heightening the atmosphere and setting the tone in his colorful style, Emcee Zeiger welcomed the crowd, and then asked his audience if they were ready.

Were they ever!

### The voice of integration

At the precise 2:30 p.m. mark, the drummer of the eight-man Yanki Katina Orchestra struck up the music, and a crackling Sukkos medley quickly filled the air and set the atmosphere.

Heightening the introductory excitement was not only the sophisticated laser and spotlight show that lit up the dark room in sync with the upbeat music, but a water show of sorts that immediately followed the opening set. An illuminated fountain system had jets and waterfalls stopping and starting in time to the live music, as well as cycling through every color of the rainbow, eliciting wows of wonder from mouths of all ages.

Following that exhilarating opening, the first of four singers hit the stage.

Accomplished and very popular vocalist Levi Falkowitz sang several of his own hits, rolling out a minor concert in its own right as the event's opening act.

Next came the Yeshiva Boys Choir. The hugely popular singing group, known for their bold contemporary sound, took the stage and crowd by storm, eliciting roars of approval upon appearance and after each choreographed song.

Next up was singer Yoely Greenfeld, a talented singer with a substantial community following. Mr. Greenfeld kept the musically stimulating streak going with several notable numbers of his own.

Wowing the crowd with the stage's third act was Yonason Zigelbaum, a.k.a. Yoni Z, whose thrilling high-range vocals electrified the audience.

Following him on stage was creative recording artist Beri Weber, whose innovative twists on traditional themes have earned him community-wide popularity.

Throughout all five performances, as the band pounded away and the colored laser-and-spotlight show delivered a high-level professional event, Hamaspik beneficiaries of all ages were constantly streaming on and off the stage, joining the good-hearted singers on the mike to give voice to their joy—especially when many were singing songs they regularly enjoy in their own homes or Hamaspik Individualized Residential Alternative (IRA).

"It's exciting when they want to share the moment," Zigelbaum later

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## Picture of the Month



**GETTING INTO IT** A day or so before Sukkos at a coloring activity at Hamaspik of Rockland County's Men's Day Hab program, Concord Briderheim IRA resident Nachman is clearly in the holiday's spirit—and all too happy to show off his rendition of the outdoor sukkah hut used for meals

# In Reaching Out to Brooklyn's Autism Community, SUNY Downstate Taps HamaspiK

## Agency Promotes Related Services at Medical Center/School's Annual Outreach Event

Autism parenting can be challenging. Ask any parent of a beautiful little boy or girl with autism, and they'll tell you that they can use all the support they can get.

That's why SUNY Downstate Medical Center, Brooklyn's premier teaching hospital complex, has been hosting annual educational events for the borough's autism community for years now.

To reach this vulnerable population, especially those among it who might be reticent to reach out for help, Downstate continues to reach out to a number of non-profit agencies respected in their respective target communities.

For reaching out to Brooklyn's sizable Orthodox Jewish communities of Borough Park, Williamsburg, Flatbush and Crown Heights, then, that includes HamaspiK.

Mrs. Sheryl Suri Regensburg, LMSW, an Orthodox Jewish social worker with SUNY Downstate Department of Pediatrics' Division of Child Development, has been working regularly with HamaspiK of Kings County, according to Mrs. Yehudis Heimfeld, HamaspiK Brooklyn's capable Intake/Family Support Services (FSS) Coordinator.

For Mrs. Regensburg, then, taping HamaspiK to field a table at Downstate's recent Autism Health Fair was only natural.

The Autism Health Fair, held Sunday, October 11 on the lovely (and lovely-weather-enhanced) outdoor grounds of SUNY Downstate Medical Center at 395 Lenox Road, saw close to 150 families from

Brooklyn's Orthodox Jewish community, among hundreds of others of all backgrounds, turn out to peruse the offerings presented by some 20 booths. Those booths represented a range of organizations whose missions include serving families affected by autism.

One of those presentations was HamaspiK of Kings County.

Expertly manning the HamaspiK display from 1:00 p.m. to 5:00 p.m. were Mrs. Heimfeld and Medicaid Service Coordinator (MSC) Mrs. Julie Bergman of the agency's centrally-located Borough Park services hub.

During those hours, fair-goers were attracted to HamaspiK's colorful table, covered as it was with a number of informative brochures and catchy promotional items and backed by a tall vertical banner display reading, tellingly, "HERE TO SERVE YOU."

"What services do you provide?" was the typical question asked by the dozens of interested inquirers and passersby, says Mrs. Heimfeld—a crowd, she notes, that also included a good number of SUNY minority students.

Those students of several races and ethnicities, representing the ever-diverse healthcare workforce of the future, not only gained first-hand familiarity with autism but also garnered a feel for the diversity of community organizations they'll be working with in the future—including the service teams at HamaspiK.

As for family caregivers whose loved ones qualify for autism-related

services through HamaspiK, Mrs. Bergman and Mrs. Heimfeld guided them over to the Front Door, all while patiently and proficiently explaining what the Front Door is, which services are available, and how to obtain them. That streamlined intake system is used by the New York State Office for People With Developmental Disabilities (OPWDD), the Medicaid-funded state agency partnering with HamaspiK to provide vital supports and services to the community.

Services offered by the OPWDD through HamaspiK that benefit children and young adults with autism include the effective Community Habilitation (Comm Hab) program, in which beneficiaries with autism (or other disabilities) are provided with personal aides assisting them in achieving their carefully defined community-acclimation goals.

Other HamaspiK services benefiting young people with autism include At-home Respite, in which parents are given much-needed breaks while their children get watchful and diligent care and interaction from Direct Support Professionals (DSPs) personally selected by those young individuals or their families, and trained by HamaspiK.

Working-age individuals with higher-functioning autism—typically young adults who've completed school—fortunately qualify for Supported Employment (SEMP), another excellent state program provided by HamaspiK that helps them train for, secure and retain quality

jobs. The SEMP program, also under the auspices of the OPWDD, has quietly built an impressive record of providing people with disabilities the greatest indicator of disability mainstreaming: gainful jobs.

Another HamaspiK option is the OPWDD's Day Habilitation (Day Hab) program, which services individuals with lower-functioning autism (and other disabilities) who aren't suited for the work environment. Day Hab provides educational and therapeutic activities at the agencies' daytime facilities, enabling them to maximize their lives to the extent possible.

Quite a few inquirers were invited to later call HamaspiK's offices

for further assistance with the Front Door application process, Mrs. Heimfeld adds, with several of them even already in the process of applying, have previously connected with Mrs. Heimfeld's office via phone.

"I was happy to tell them the status of their applications," Mrs. Heimfeld says.

Later that very week, a host of other community applicants attended an OPWDD-led Front Door introductory session hosted by HamaspiK of Kings County.

While some of HamaspiK's inquirers into autism-related services were referred to the Front Door, it turns out that some are already well through it. ■

## MRT Housing



WHAT PUBLIC/PRIVATE PARTNERSHIP LOOKS LIKE  
An artist's rendition of the Metro 99 project

*Continued from cover*

Metro 99 was provided by the New York State Homes and Community Renewal (HCR), the New York City Housing Authority (NYCHA), the

New York City Department of Housing Preservation and Development, and New York City Health and Hospitals Corp. ■

## Concert

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shares with the *Gazette*. Children with special needs "are typically very cute, very social, and love to sing," he says. "They have an ear for music and hear things others don't hear. When they want to get up on stage, then you know you're doing your job."

For the young adults and even children taking to the stage to sing along with Messrs. Falkowitz, Greenfield, Zigelbaum and Weber, they got to meet in person the very singers they loyally listen to at home, all while hearing them sing the songs they love.

The singers, conversely, not only got to meet and interact with their most loyal fans, but got to hear them give voice to their love of music—and acceptance, tolerance, integration and love, too.

As a matter of fact, Jewish music superstar Yaakov Shwekey is almost equally known for his fami-

ly's involvement with children with special needs as he is for his voice.

Mrs. Jenine Shwekey, even before being introduced to her now-famous husband, initially ran a volunteer after-school program out of a rented apartment with two friends. Well over a decade later, that program has burgeoned into Lakewood, New Jersey's prominent Special Children's Center—where kids with various disabilities can hang out, get therapy, or just sing along with their frequently-visiting friend Yaakov.

The Center, as it's informally known, has joined HamaspiK a good few times at its holiday events in the past—and given the power of inclusion, especially inclusion centered on music, that's no surprise.

### The next stage

So what was different about this year's HamaspiK family holiday event than previous events?

More people attending and a better location, begins Mrs. Katina—

with the former prompted by the latter, actually.

However, the satisfied Special Events Coordinator continues, the real significance of this year's concert event was the absence of stigma associated with children who happen to have disabilities.

Back in the day, parents who had children with special needs "didn't want to come out and be part of the community in public," she says—an attitude that is now "extinct."

"Now they are so proud of themselves! It's almost a competition," Mrs. Katina elaborates, noting that she saw several mothers whom she had no idea had children with special needs, all proudly "showing off" their precious bundles with Down syndrome or other disabilities.

But to what does the veteran HamaspiK leader attribute the sea change? "To HamaspiK!"

If parents of children with intellectual and other disabilities are publicly proud of their kids today, those kids are certainly feeling it.

That feeling of being just as loved and accepted as everyone else

was certainly in the air as the concert ended with a powerful grand finale. All four soloists joined one another on stage, along with an encore performance by the Yeshiva Boys Choir, for a dazzling light-and-sound-filled close marked more than anything else by the return to the stage of the HamaspiK beneficiaries.

Backed by the full vocal force of the choir, the boys clapped, danced and sang along with their favorite singers, all while parents, siblings, family members and HamaspiK caregivers erupted in cheers.

Said one HamaspiK staff member in attendance: "They felt like more than a billion dollars!" As music director Yanki Katina himself put it succinctly, "Music talks to kids more than anything else."

With the concert over minutes later, attendees headed out of the hall on the healthiest of highs.

Passing the entry table manned again by Mrs. Katina and crew, attendees collected parting gifts: Candies and goodies, plus packs of colorful markers emblazoned with the HamaspiK logo.

That, coupled with the happiness carried in their hearts, helps at least partially explain why at HamaspiK of Rockland County's Concord Biederheim IRA, for example, residents were talking about the event for the next few days, according to Concord staff.

But in commenting, "It was beautiful how the children got involved," the aforementioned staffer touches upon a picture far bigger than the concert—the vision of a world in which people with disabilities are unconditionally embraced exactly as they are, for who and what they are.

To Mr. Zigelbaum, whose second HamaspiK concert appearance, he says, builds on his teen volunteerism with special-needs summer camps, kids with disabilities "come from the most genuine place" in interacting with others. "I love how they truthful they are," he says. "When they're happy, it's not to flatter you."

And what better way to set the stage for that than a stage of musical inspiration and integration? ■

## IN THE KNOW

### All about... schizophrenia

Schizophrenia is a severe brain disorder in which people interpret reality abnormally. Schizophrenia may result in some combination of hallucinations, delusions, and extremely disordered thinking and behavior.

Contrary to popular belief, schizophrenia isn't a split or multiple personality. The word "schizophrenia" does mean "split mind," but refers to a disruption of the usual balance of emotions and thinking.

Schizophrenia is a chronic condition, requiring lifelong treatment.

In men, schizophrenia symptoms typically start in the early to mid-20s. In women, symptoms typically begin in the late 20s. It's uncommon for children to be diagnosed with schizophrenia and rare for those older than 45.

#### Symptoms

Schizophrenia involves a range of problems with thinking (cognitive), behavior or emotions. Signs and symptoms may vary, but they reflect an impaired ability to function. Symptoms may include:

#### Delusions

These are false beliefs that are not based in reality. For example, you're being harmed or harassed; certain gestures or comments are directed at you; you have exceptional ability or fame; a certain person or group hates you; a major catastrophe is about to occur; or your body is not functioning properly. Delusions occur in as many as four out of five people with schizophrenia.

#### Hallucinations

These usually involve seeing or hearing things that don't exist. Yet for the person with schizophrenia, they have the full force and impact of a normal experience. Hallucinations can be in any of the senses, but hearing voices is the most common hallucination.

#### Disorganized thinking (speech)

Disorganized thinking is inferred from disorganized speech. Effective communication can be impaired, and answers to questions may be partially or completely unrelated. Rarely, speech may include putting together meaningless words that can't be understood, sometimes known as word salad.

#### Extremely disorganized or abnormal motor behavior

This may show in a number of ways, ranging from childlike silliness to unpredictable agitation. Behavior is not focused on a goal, which makes it hard to perform tasks. Abnormal motor behavior can include resistance to instructions, inappropriate and bizarre posture, a complete lack of response, or useless and excessive movement.

#### Negative symptoms

This refers to reduced ability or lack of ability to function normally. For example, the person appears to lack emotion, such as not making eye contact, not changing facial expressions, speaking without inflection or monotone, or not adding hand or head movements that normally provide the emotional emphasis in speech. Also, the person may have a reduced ability to plan or carry out activities, such as decreased talking and neglect of personal hygiene, or have a loss of interest in everyday activities, social withdrawal or a lack of ability to experience pleasure.

#### Symptoms in teenagers

Schizophrenia symptoms in teenagers are similar to those in adults, but the condition may be more difficult to recognize in this age group. This may be in part because some of the early symptoms of schizophrenia in teenagers are common for typical development during teen years, such as:

- Withdrawal from friends and family
- A drop in school performance
- Trouble sleeping
- Irritability or depressed mood
- Lack of motivation

Compared with schizophrenia symptoms in adults, teens may be less likely to have delusions, and more likely to have visual hallucinations.

#### Diagnosis

To be diagnosed with schizophrenia, a person must meet the criteria of the Diagnostic and Statistical Manual of Mental Disorders (DSM). This manual, published by the American Psychiatric Association (APA), is used by professionals to diagnose mental conditions.

Diagnosis of schizophrenia involves ruling out other mental health disorders and determining that symptoms aren't due to substance abuse, medication or a medical condition. In addition, a person must have at least two of the following symptoms most of the time during a one-month period, with some level of disturbance being present over six months:

- Delusions
- Hallucinations
- Disorganized speech (indicating disorganized thinking)
- Extremely disorganized behavior
- Catatonic behavior, which can range from a coma-like daze to bizarre, hyperactive behavior
- Negative symptoms, which relate to reduced ability or lack of ability to function normally

At least one of the symptoms must be delusions, hallucinations or disorganized speech.

The person shows a significant decrease in the ability to work, attend school or perform normal daily tasks most of the time.

The APA eliminated the previous subtypes of schizophrenia—para-

noid, disorganized, catatonic, undifferentiated and residual—because of poor reliability. These subtypes weren't shown to be valid and didn't help in determining which treatment might be best for a specific subtype.

#### Tests and screenings

These may include a lab test called a complete blood count (CBC), other blood tests that may help rule out conditions with similar symptoms, and screening for alcohol and drugs. The doctor may also request imaging studies, such as an MRI or CT scan.

#### Psychological evaluation

A doctor or mental health provider will check mental status by observing appearance and demeanor and asking about thoughts, moods, delusions, hallucinations, substance abuse, and potential for violence or suicide.

Schizophrenia requires lifelong treatment, even when symptoms have subsided. Treatment with medications and psychosocial therapy can help manage the condition. During crisis periods or times of severe symptoms, hospitalization may be necessary to ensure safety, proper nutrition, adequate sleep and basic hygiene.

A psychiatrist experienced in treating schizophrenia usually guides treatment. The treatment team also may include a psychologist, social worker, psychiatric nurse and possibly a case manager to coordinate care. The full-team approach may be available in clinics with expertise in schizophrenia treatment.

People with schizophrenia often lack awareness that their difficulties stem from a mental illness that requires medical attention. So it often falls to family or friends to get them help.

#### Cause

It's not known what causes schizophrenia, but researchers believe that a combination of genetics and environment contributes to development of the disorder.

Problems with certain naturally occurring brain chemicals, including neurotransmitters called *dopamine* and *glutamate*, also may contribute to schizophrenia. Neuroimaging studies show differences in the brain structure and central nervous system of people with schizophrenia. While researchers aren't certain about the significance of these changes, they support evidence that schizophrenia is a brain disease.

Although the precise cause of schizophrenia isn't known, certain factors seem to increase the risk of developing or triggering schizophrenia, including:

- Having a family history of schizophrenia
- Exposure to viruses, toxins or malnutrition while in the womb, particularly in the first and second trimesters
- Increased immune system activation, such as from inflammation or autoimmune diseases
- Older age of the father
- Taking mind-altering (psychoactive or psychotropic) drugs during teen years and young adulthood

Left untreated, schizophrenia can result in severe emotional, behavioral and health problems, as well as legal and financial problems that affect every area of life. Complications that schizophrenia may cause or be associated with include:

- Suicide
- Any type of self-injury
- Anxiety and phobias
- Depression
- Abuse of alcohol, drugs or prescription medications
- Poverty

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# Getting Everything it Takes to Improve People's Lives, Medical Hardware Included

*For Hamaspik's NHTD/TBI Team, Right Equipment a Key Part of Getting it Right*

The WalkAide wearable medical device, billed as a "revolutionary" system that improves walking ability in people living with foot drop, comes from Texas biomedical firm Innovative Neurotronics.

At Hamaspik of Rockland County's NHTD/TBI program, it comes standard.

That double initiative, another Hamaspik partnership with publicly-funded healthcare programs, actually doesn't provide a WalkAide to every participant. But it does give its beneficiaries its all. And that's standard.

Between the two programs, beneficiaries can obtain a plethora of services giving them the opportunity to live at home with their families where they are most comfortable.

For those then who would indeed benefit from a WalkAide, including a stroke patient getting services from Hamaspik's Traumatic Brain Injury (TBI) program, as the vernacular goes, "you got it!" Hamaspik, leaving no stone unturned, has applied for the life-

changing device.

Foot drop is a limb-lagging condition causable by several diagnoses, including spine injury, cerebral palsy or stroke. The WalkAide helps correct it by electrically stimulating muscle nerves in the leg, effecting greater coordination and more normative gait.

At Hamaspik, the Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) programs consist of a team of social workers managing people transferring home from nursing homes or hospitals, or diverting from facility placement.

Their daily work consists of a frenzy of phone calls, piles of paperwork, and the occasional neurostimulator—not to mention monitoring participants' safety, health and welfare; visiting participants; and helping families adjust to loved ones getting older and more vulnerable.

Mrs. Tzivia Frommer, LMSW, Hamaspik's NHTD/TBI Director, duly reports that a lot of the depart-

ment's recent work consists of the program's dedicated service coordinators, who regularly go above and beyond the call of duty for their clients, getting durable medical equipment (DME) for those they serve.

That mission of that service is to assist participants in living safely at home, in environments and communities of familiarity, and all while improving their quality of life, which often includes DME.

The NHTD program, a New York State Dept. of Health (DOH) Medicaid Waiver effort, "uses Medicaid funding to provide supports and services to assist individuals with disabilities and seniors toward successful inclusion in the community," reads its manual's introduction.

Given the optimal health goals demanded by NHTD's mission, stationary exercise bicycles, wheelchairs and environmental modifications (E-Mods) such as walk-in bathtubs, ramps and grab bars are being

provided by Hamaspik's NHTD department to a few dozen individuals.

Aviva Salamon, who, along with Miriam Klaczkowski and Pearl Spira, works in Hamaspik of Rockland's social-work team, reports that an average day looks thusly: Reviewing individuals' Service Plans (the customized manifestos that lay out exactly what the individuals need and how they're going to get it), updating case notes—and coordinating with other Hamaspik departments to provide those services.

For the environmental modifications to NHTD beneficiaries by Hamaspik, Mrs. Frommer and team work with Zalman Stein, Hamaspik's Director of Development.

Mr. Stein, a gifted jack of all trades with a knack for contracting work, handles the installation process from initial site visit and request for bid to construction supervision and project completion.

But besides E-Mods, Hamaspik is approved to provide NHTD recipients with Service Coordination, Home and Community Support Services (HCSS), Community Transitional Services (CTS), Moving Assistance, Respite Services, Structured Day Program (SDP) Services, and Assistive Technology—such as those newfangled weight-like bands called WalkAides.

Those social services are professionally provided by Hamaspik's social-worker team, reaching out to Mr. Stein and others in house as needed.

"We can also coordinate with other agencies to request any other waiver service," Mrs. Frommer later e-mails the *Gazette*, which can include positive behavioral interventions and supports.

Among the people—mostly seniors referred to the agency by word of mouth—served by these

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- Homelessness
- Family conflicts
- Inability to work or attend school
- Social isolation
- Health problems, including those associated with antipsychotic medications, smoking and poor lifestyle choices
- Being a victim of aggressive behavior
- Aggressive behavior, although it's uncommon and typically related to lack of treatment, substance misuse or a history of violence

## Treatment

### Medications

Medications are the cornerstone of schizophrenia treatment. However, because medications for schizophrenia can cause serious but rare side effects, people with schizophrenia may be reluctant to take them.

Antipsychotic medications are the most commonly prescribed drugs to treat schizophrenia. They're thought to control symptoms by affecting the brain neurotransmitters dopamine and serotonin.

Willingness to cooperate with treatment may affect medication choice. Someone who is resistant to taking medication consistently may need to be given injections instead of taking a pill. Someone who is agitated may need to be calmed initially with a benzodiazepine such as lorazepam (Ativan), which may be combined with an antipsychotic.

### Atypical antipsychotics

These newer, second-generation medications are generally preferred because they pose a lower risk of serious side effects than do conventional medications. They include:

- Aripiprazole (Abilify)
- Asenapine (Saphris)
- Clozapine (Clozaril)
- Iloperidone (Fanapt)
- Lurasidone (Latuda)
- Olanzapine (Zyprexa)
- Paliperidone (Invega)
- Quetiapine (Seroquel)
- Risperidone (Risperdal)
- Ziprasidone (Geodon)

Ask your doctor about the benefits and side effects of any medication that's prescribed.

### Conventional antipsychotics

These first-generation medications have frequent and potentially significant neurological side effects, including the possibility of developing a movement disorder (tardive dyskinesia) that may or may not be reversible. This group of medications includes:

- Chlorpromazine
- Fluphenazine
- Haloperidol (Haldol)
- Perphenazine

These antipsychotics are often cheaper than newer counterparts, especially the generic versions, which can be an important consideration when long-term treatment is necessary.

It can take several weeks after first starting a medication to notice an improvement in symptoms. In general, the goal of treatment with antipsychotic medications is to

effectively control signs and symptoms at the lowest possible dosage. The psychiatrist may try different medications, different dosages or combinations over time to achieve the desired result. Other medications also may help, such as antidepressants or anti-anxiety medications.

### Psychosocial interventions

Once psychosis recedes, psychological and social (psychosocial) interventions are important—in addition to continuing on medication. These may include:

- Individual therapy. Learning to cope with stress and identify early warning signs of relapse can help people with schizophrenia manage their illness.
- Social skills training. This focuses on improving communication and social interactions.
- Family therapy. This provides support and education to families dealing with schizophrenia.
- Vocational rehabilitation and supported employment. This focuses on helping people with schizophrenia prepare for, find and keep jobs.

Most individuals with schizophrenia require some form of daily living support. Many communities have programs to help people with schizophrenia with jobs, housing, self-help groups and crisis situations. A case manager or someone on the treatment team can help find resources. With appropriate treatment, most people with schizophrenia can manage their condition.

### Helping someone who may have schizophrenia

If you think someone you know may have symptoms of schizophrenia, talk to him or her about your concerns. Although you can't force someone to seek professional help, you can offer encouragement and support and help your loved one find a qualified doctor or mental health provider.

If your loved one poses a danger to self or others or can't provide his or her own food, clothing or shelter, you may need to call 9-1-1 or other emergency responders for help so that your loved one might be evaluated by a mental health provider. In some cases, emergency hospitalization may be needed. Laws on involuntary commitment for mental health treatment vary by state. You can contact community mental health agencies or police departments in your area for details.

### Suicidal thoughts and behavior

Suicidal thoughts and behavior are common among people with schizophrenia. If you have a loved one who is in danger of committing suicide or has made a suicide attempt, make sure someone stays with that person. Call 9-1-1 or your local emergency number immediately. Or, if you think you can do so safely, take the person to the nearest hospital emergency room.

## Summary

Coping with a mental disorder as serious as schizophrenia can be challenging, both for the person with the condition and for friends and family.

Here are some ways to cope:

### Learn about schizophrenia

Education about the condition can help motivate the person with the disease to stick to the treatment plan. Education can help friends and family understand the condition and be more compassionate with the person who has it.

### Join a support group

Support groups for people with schizophrenia can help them reach out to others facing similar challenges. Support groups may also help family and friends cope.

### Stay focused on goals

Managing schizophrenia is an ongoing process. Keeping treatment goals in mind can help the person with schizophrenia stay motivated. Help your loved one remember to take responsibility for managing the illness and working toward goals.

Learn relaxation and stress management. The person with schizophrenia and loved ones may benefit from stress-reduction techniques such as meditation, yoga or tai chi.

There's no sure way to prevent schizophrenia. However, early treatment may help get symptoms under control before serious complications develop and may help improve the long-term outlook.

Sticking with the treatment plan can help prevent relapses or worsening of schizophrenia symptoms. In addition, researchers hope that learning more about risk factors for schizophrenia may lead to earlier diagnosis and treatment. ■



## 1. New blood test reduces heart-attack suspicions, hospital costs

The first and most authoritative test done on people rushed to ERs for possible heart attacks is the *troponin test*. Troponin is a protein released into the bloodstream when heart muscle is damaged. If the blood test shows troponin higher than a certain level, a heart attack is diagnosed.

Current troponin blood tests cannot detect troponin below a certain level. A new test developed by the University of Edinburgh can detect far lower levels, though.

The University of Edinburgh study of 6,000 chest-pain ER patients found that their new troponin blood test was able to rule out nearly two thirds of suspected heart attacks.

The researchers say their findings could potentially reduce unnecessary hospital admissions and substantially lower health-care costs—noting that while the number of ER admissions due to chest pain has tripled in the last two decades, the overwhelming majority of those patients were not having heart attacks. Current heart-attack diagnoses require prolonged ER stays or hospitalizations for repeat testing.

According to the researchers, the new test could potentially double the number of low-risk patients able to be safely discharged from ERs.

The study was published Oct. 7 in the *Lancet*.

## 2. Utah hospital cuts care costs, attracts national industry attention

News like that would normally never make headlines. But knowing exactly what everything costs is a basic of running any business. So why not with running a hospital?

Several years ago, recently reported *The New York Times*, chief executive Dr. Vivian Lee of the University of Utah Health Care five-hospital system set out to conduct a thorough and painstakingly detailed accounting of everything that costs anything at the hospitals she runs.

The result is a running tally of some 200 million computer entries—spanning everything from how much an MRI machine costs and how much it costs per usage to how much every single pill and bandage costs, and the per-minute cost to operate the ER (82 cents), the surgical intensive care unit (\$1.43), and an orthopedic surgery case in the operating room (\$12).

Hospitals, and the ever-improving and ever-complex medicine and technology they use, have been a leading driver of healthcare's still-rising costs.

But with their custom computer program, the University of Utah has been able to determine exactly where their hospitals have been spending every penny—and cut costs accordingly.

Utah's cost-measuring successes are now being replicated by several top national hospitals, and drew an August visit by HHS chief Sylvia Mathews Burwell. ■

### Positive changes, growth at NYSHA Article 16 Clinic

The Article 16 Clinic run by the New York State Hamaspik Association (NYSHA), Hamaspik's parent/support body, has filled a niche in disability care since its founding in January of 2011.

Initially operating out of a brand-new, state-of-the-art center in the heart of Brooklyn's Williamsburg district, the NYSHA Clinic (as it is known) has since significantly expanded.

The Clinic now offers a spacious and multifaceted satellite center on the premises of Hamaspik of Orange County's main building upstate and off-site services at several Rockland locations.

## Happenings Around Hamaspik

The Orange County satellite clinic is now being directed by the capable Mrs. Shaindy Weissberger, an experienced Medicaid Service Coordinator (MSC) with the agency.

What's more, with the recent closure of the PSCH Article 16 Clinic in the Bronx, dozens more individuals with disabilities are flocking to Williamsburg for NYSHA's specialized services.

An Article 16 Clinic, so named for the section of state law that governs its existence, provides persons with disabilities with specialty medical, mental-health and therapeutic care.

Practitioners at Article 16s are specifically trained in tending to people with special needs, giving them and caregivers a venue for comprehensive care without the discomfort of standard venues.

At the NYSHA Clinic, then, Hamaspik provides seamless and continuous quality services for those previously serviced by PSCH, with the new patients getting counseling, therapy and more.

Besides providing physical, occupational, speech and feeding/nutrition therapy, medical well visits and professional mental-health counseling out of two centers, the Clinic also "travels."

The Clinic's professional staff has for some time been providing outpatient services, mainly physical therapy, on the premises of Brooklyn disability services centers like Hand in Hand.

Over the last year, those outpatient services have expanded to one-on-one therapy sessions for individuals getting residential and/or Day Hab services through Hamaspik of Rockland County, as well as through other disability non-profits in the county.

At the same time, reports NYSHA Clinic Director Joel Brecher, weekly sessions with veteran psychiatrist Dr. Richard Mayer for individuals with disabilities are continuing at the Clinic.

Notably, the upstate satellite clinic has also now taken on the highly sought-after Richard Price, M.D., whose professional psychi-

atric counseling replaces the retiring Michael Kaplowitz, M.D.

So what's the next big thing for the NYSHA Clinic? "We're continuing our mission," proudly says Medical Director Abraham Berger, M.D. "Everything they need is right there."

### New Front Door beneficiaries, new Hamaspik staff

Responding directly to the effectiveness of the Front Door disability services portal, Hamaspik of Kings County has taken on new Medicaid Service Coordinators (MSCs) to handle its newest beneficiaries.

The Front Door, a comprehensive and person-centered redesign of the application process, allows more people with disabilities to inquire about and obtain any of the numerous services and supports provided by the New York State Office for People With Developmental Disabilities (OPWDD).

Hamaspik, in turn, is one of the many non-profit community agencies that partner with the OPWDD to bring those services to the community.

Thanks to the more streamlined and efficient intake and services-provision system that is the Front Door, Hamaspik of Kings County has been seeing a significant uptick of late in the number of community members served.

In turn, that has warranted the bringing on board of new MSCs Ms. Frumit Strulovics, who started with Hamaspik in early October, and who

was joined on Oct. 28 by Ms. Sarah Mindy Leitner.

Like the agency's existing team of MSCs, both will be actively advocating for the people they service—walking them through the process of obtaining and finalizing all services applications, answering their every question, meeting with them and their caregivers on a mandated regular basis, and assisting them with all care logistics, including doctor appointments.

At Hamaspik, there's a lot that MSCs do that standard MSCs are neither expected nor required to do—and in joining the team, new MSCs Strulovics and Leitner are sure to further that tradition of excellence.

### Fall fun at Early Intervention (EI)

The fall season blew right into Hamaspik of Rockland County's Early Intervention (EI) classroom program this October, with Master Teacher Mrs. Reizy Weichbrod and staff having their tiny-tot charges with developmental delays work their fingers and minds by working with real leaves fresh from the colorful outdoor foliage.

The little boys and girls first enjoyed an outdoor romp in the fall-leaves, even collecting samples for later classroom usage. Back in class, they glued their real leaves onto hand-painted paper trees and sang a tree-themed fall song.

Turns out that Hamaspik's EI program doesn't just provide an educational environment, but also provides its charges with an education from the environment. ■

## NHTD/TBI Program

*Continued from page E9*

Hamaspik niche programs, a select few benefit from its TBI Waiver, a program for people suffering from the hard-to-diagnose and hard-to-treat traumatic brain injury (TBI).

To specifically tend to victims of TBI's elusive ravages, the New York State DOH has long since crafted a specialized program that caters to TBI patients through community non-profits like Hamaspik.

In tending to its vulnerable group of TBI Waiver program beneficiaries, Hamaspik's NHTD/TBI team ultimately spends the bulk of its time advocating for pretty much everything that caseload needs: Scheduling visits to doctors, therapists and specialists, assisting people

with home visits from professionals, and securing the best in medical and self-care technology.

For Mrs. Salamon and her peers, that work can—and frequently does—even include paying visits to beneficiaries in person. (They're required to provide one face-to-face meeting a month; Hamaspik's NHTD/TBI staff do more.)

"It's very rewarding work," the social worker says of what she does every day. "The participants in the program really appreciate it when we visit."

"We do our best to help our individuals in every way we can," she says. "Even if we can make their lives just a little bit easier," or more walkable, "it's all worth it." ■

## Cancer allergy clue found

An Ohio State University (OSU) study, published in *PLoS ONE*, found that people diagnosed with glioma brain tumors showed less cytokine activity in the five years before diagnosis. Cytokines are proteins in the bloodstream that are activated in response to allergies.

The study found that annual blood samples taken from the diagnosed patients in years before diagnosis showed less signaling among cytokines than in years earlier, or than in patients not diagnosed with gliomas. The finding suggests that glioma tumors begin directing or suppressing the immune system well before they are diagnosed—presenting a possible new path of earlier detection and treatment for these brain tumors.

## More breaks, better work, better workers

From the “We-Won’t-Say-We-Told-You-So!” Pile comes yet another groundbreaking study—this one apparently demonstrating that shorter and more frequent breaks sprinkled across your workday are better (not just than none at all but also better) than one single mid-day break, too.

A Baylor University weeklong survey of nearly 100 employees at a single company found that breaks earlier in each work day were associated with less headaches, eyestrain and lower back pain later. The study also indirectly found that short, frequent breaks made for higher job satisfaction, lower emotional exhaustion, and more motivated and productive employees.

The research comes at a time when most research indicates that most U.S. white-collar workers face growing pressure to work longer hours, with the average workweek now 47 hours, nearly one in five workers clocking 60 or more hours, and only one in five regularly taking actual lunch breaks.

Now, if you don’t mind, it’s break time...

## Meds before bed equals less diabetes

Taking medications that lower blood pressure before you go to bed and not in the morning (or any other time) has been linked with significant lower risk for Type 2 diabetes.

According to the University of Vigo (Spain) study, published September in the journal *Diabetologia*, participants who took one of two types of existing blood-pressure medications just before retiring for the night showed far lower incidences of Type 2 diabetes at the end of the six-year study than those who took the medications in the morning.

Much of the research revolves around

# HAPPENING in HEALTH TODAY

something called “non-dipping,” a condition in which blood pressure does not naturally dip as it typically should when people go to sleep. By the end of the study, researchers found that “non-dippers” had developed more Type 2 diabetes than people with normal asleep blood pressure.

Specifically, though, the scientists found that “non-dippers” taking angiotensin receptor blockers (ARBs) or angiotensin-converting enzyme (ACE) inhibitors just before bed respectively had a 61-percent and 69-percent less odds of developing Type 2 diabetes than “non-dippers” who took them in the morning.

## Another step in paralyzed walking

Tech-driven research in helping people with paralyzing spinal-cord injuries walk again has now taken another step forward.

A rudimentary multi-part system developed by the University of California, Irvine had a man with paralyzed legs take his first steps since a spinal-cord injury five years ago.

The experimental system’s head electrodes pass brain signals to a computer, which then sends electrical signals via wires to stimulate the leg muscles that control walking.

Unlike other systems which use electrodes surgically implanted or placed superficially upon the spinal cord, this system entirely bypasses the spinal cord. The trial was described in the Sept. 23 issue of the *Journal of Neuroengineering and Rehabilitation*.

## B vitamin wards off some skin cancers

If the indications of a study from “Down Under” are correct, a cheap and widely available form of vitamin B3 called *nicotinamide* has anti-skin-cancer benefits that are anything but superficial.

The University of Sydney study had nearly 400 older men and women take nicotinamide, or a placebo, twice daily for an entire year. After a year, the nicotinamide group had 23 percent less cases of non-melanoma skin cancer.

What’s more, the benefits disappeared over follow-up, indicating that nicotinamide is needed regularly to remain effective.

Skin cancer is the U.S.’s most common cancer. Unlike niacin (the most common B3 form), nicotinamide isn’t known to cause headaches, flushed skin and low blood pressure.

## Best tool benefits stroke brains best

In a study of about 2,400 stroke patients, researchers found that patients who’d had immediate surgical removal of blood clots in the brain with a state-of-the-art endovascular stent retrieval device were doing better 90 days after their strokes than those only treated with the standard tissue plasminogen activator (tPA), a clot-busting drug.

According to the McMaster University study, 45 percent of stroke patients treated with the newest surgical clot-removing tools were functionally independent by 90 days after their strokes. By contrast, the research found, only 32 percent of stroke patients treated with tPA were functionally independent by 90 days.

According to the researchers, the ideal emergency treatment for people suffering

strokes—in which clots block blood flow to the brain, too-often leading to brain-cell death and resulting disability—is: Giving tPA, doing an angiogram to pinpoint the clot’s precise location, and then using the new clot-removal device to surgically extract the clot.

The study was published in the *Journal of the American Medical Association (JAMA)*.

## Tumor-finding laser searches

Harvard and University of Michigan researchers have now developed an experimental new technique to better find the precise edges of brain tumors.

The technique, called SRS microscopy, reads how brain tissue reacts to laser light. Cancerous brain tissue reflects and reacts differently than healthy brain tissue—possibly allowing surgeons in the future to detect tumor infiltration up to several millimeters beyond currently visible borders.

The technique, if eventually adopted and mainstreamed, could have brain surgeons using SRS microscopes to remove previously-unseen cancerous tissue, reducing risk of relapsing cancers that just grow back.

## Fruits and veggies good for heart

A 20-year study of over 2,500 young adults finds that those who ate the most fruits and vegetables as young adults were 26 percent less likely to have calcified plaque in their arteries than those who ate the least. The study was published Oct. 26 in *Circulation*.



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## Attention



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# PUBLIC HEALTH and POLICY NEWS

## Chinese planning Ebola vax

Chinese company Tianjin CanSino Biotechnology is investing over \$315 million to build a facility to manufacture an Ebola vaccine developed by China's Academy of Military Medical Sciences. An epidemic of that virus killed over 11,000 people in several West African countries, primarily Liberia, this past summer. The facility is slated to open by 2018.

But the vaccine won't be the world's first—a joint vaccine by Merck and NewLink Genetics was found 100-percent effective in a July 2015 trial in the country of Guinea.

## People eat all day, not 3x/day

A three-week tracking study of 150 California adults found that most ate throughout the day, not at scheduled breakfast, lunch and dinner times. Specifically, the study found that over half the participants ate across a 15-hour average day, with under one quarter of total daily calories consumed before noon, but a full third consumed after 6:00 p.m. The study was published Sept. 24 in *Cell Metabolism*.

In related news, a new national report from the U.S. Dept. of Agriculture (USDA)'s Economic

Research Service says that, as of 2013, a full 59 percent of Americans' vegetable intake consisted of just three vegetables: Potatoes (30 percent), tomatoes (22 percent), and lettuce (seven percent).

The study also noted that the bulk of that potato intake consisted of potato-containing products like potato chips and French fries. Ditto for tomatoes—the study found that most American tomato consumption came through tomato-based products like ketchup or tomato-based sauces, stews and soups.

According to experts, a colorful variety of vegetables should be eaten regularly for maximum benefit.

## Booster-seat 45-percent boost

A study by the C.S. Mott Children's Hospital finds that correct booster-seat usage for kids ages four through eight boosts child car safety by 45 percent.

Booster seats, the cushion-like car accessories for small children, require proper selection, inspection and fitting for maximum effectiveness, researchers note. The study also noted that most parents are unaware that kids must be 57 inches tall before switching from booster seats to seat belts. The study was published recently in the *Journal of Trauma*.

## More NYC eateries pass muster

New York's restaurant-inspecting regimen, a program of the city's Dept. of Health launched in 2010, now reports that 95 percent of city eateries received an "A" grade for Year 2015. However, reports *Crain's New York Business*, that's only after inspectors first visited and told restaurants where they needed to clean up.

Just under half of city eateries got "A"s at inspectors' first visits in 2015. Still, that 46.8-percent figure is up 2.3 percent from 2014—when only 44.5 percent of restaurants got an "A" at first inspection.

## Teen vice still dropping

Data for Year 2014 is now in a federally-funded national annual survey of American teens—finding that usage of alcohol and tobacco products continue their 20-year downward drop. The survey found over 50 percent of teenagers abusing alcohol in 1994, but only 37 percent in 2014. Cigarette smoking dropped to around 15 percent by 2014—down from a high of around 35 percent in 1997. However, the report also found that today's teens are likelier to take up e-cigarettes than real cigarettes.

In related news, New York City's very own Weill Medical College (Cornell University) and Icahn School of Medicine (Mt. Sinai) are now two of 13 federal grant awardees in the massive new national Adolescent Brain Cognitive Development (ABCD) Study. The five- to ten-year study will be following the brain and social development of around 10,000 U.S. kids as young as age nine through the period of highest risk for substance abuse and other mental health disorders.

## Biggest false claims payout

Healthcare providers get paid by Medicare and Medicaid, the taxpayer-funded federal government healthcare systems respectively for seniors and the poor/disabled, for each visit or procedure provided to Medicare or Medicaid patients.

It only follows that the more Medicare/Medicaid patients that providers see, the more taxpayer-funded money they make—leading some to engage in fraudulent, abusive or otherwise deceptive practices costing taxpayer billions over years.

One such practice is the *kick-back*—hospitals or doctors' offices giving doctors tips or percentages for every (often unnecessary) patient they refer to said providers. But under the federal Stark Law, providers face heavy fines if caught paying for the funneling of patients.

In September, the Florida-based North Broward Hospital District agreed to refund the federal government some \$69.5 million to settle allegations that it illegally paid nine doctors for referrals. The agreement is the largest ever reached without court litigation under the Stark Law.

## Head Start on weight loss

There are lots of things parents can do to help their obese or overweight tots: exercise, diet, playtime, and... Head Start?!

But according to an eight-year study of thousands of Michigan chil-

dren, now published in *Pediatrics*, little kids with obesity or overweight problems who were enrolled in Head Start programs "had a significantly healthier BMI," or body-mass index (the top gauge for unhealthy weight) by the time they started kindergarten than obese/overweight kids who did not go through Head Start.

Head Start is the federal taxpayer-funded early-childhood education program offered in most urban areas.

## More mid-age whites dying

A Princeton University study now says that mortality rates among middle-aged American white people have dramatically increased in the past 15 years.

The study bucks the ongoing long-term trend of older Americans living longer and healthier lives.

The study, which was published Nov. 2 in the *Proceedings of the National Academy of Sciences*, blames the growing rates on drugs, alcohol and suicide.

## SNAP-back on ObamaPhones?

A little-noticed October proposal by the FCC could reduce eligibility for Lifeline free- or low-cost cell phone service to only households on the federal Supplemental Nutrition Assistance Program (SNAP), still widely known as Food Stamps.

Most people on Lifeline currently qualify for the program via the federal Medicaid, Social Security or Temporary Assistance to Needy Families (TANF) programs.

But because most people on Medicaid, Social Security or TANF also get Food Stamps, the FCC is now proposing to limit the Lifeline program—which was expanded by President Barack Obama to cover cell phones—to only people who qualify for Food Stamps.

If the proposal is enacted, many needy people could lose their Lifelines. ■



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President	Executive Director	General Manager	Editor
Hershel Weiss	Meyer Wertheimer	Zishe Muller	Mendy Hecht
Tel: 845-503-0212		Fax: 845-503-1212	
Mail: Hamaspik Gazette, 58 Rt. 59, Suite 1, Monsey, NY 10952			