

HAMASPIK GAZETTE



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News of Hamaspik Agencies and General Health

Hamaspik Poised to Provide Community Mental Health Care

Agency Approved for OMH Services: Full Steam Ahead in Brooklyn; Hudson Valley Eyed

Hamaspik is now approved to provide the New York State Office of Mental Health (OMH)'s Adult Behavioral Health Home and Community Based Services (BH-HCBS), the *Gazette* can now report.

Both the Hamaspik of Kings and Rockland County divisions received the green light from the state this past January to offer a number of mental health-related supports and services.

Setting up those supports and services is already well under way at Hamaspik of Kings County; Hamaspik of Rockland County is aiming to launch those services by July of 2016.

The planned new programs are part of New York's ongoing efforts to transition its social and human services to a person-centered, community-based managed care system.

But for Hamaspik, for decades rightly associated with community disability care and more recently with home health care, the approval

represents the agency's near-future foray into the equally-critical community need of mental health care.

For the hundreds of people with mental-health needs in the communities throughout the downstate and Hudson Valley regions that are served by Hamaspik, it's not a moment too soon.

Underlying mission

Among the mental health-related programs Hamaspik of Rockland County has been approved to provide under its new BH-HCBS designation are Psychosocial Rehabilitation (PSR), Community Psychiatric Support and Treatment (CPST), and Family Support and Training.

Those programs, created and run under the auspices of the New York State OMH, are geared to gently usher individuals with mental-health issues back from the brink of dysfunction to an eventually healthy and gainful life.

Once individuals serviced by those programs "graduate" and are prepared for the next major step in their lives, employment goals come next.

As such, moving individuals with mental illness and/or substance abuse struggles out of the dead end of despair and into the workforce is the big-picture mission of Empowerment Services-Peer Supports, Prevocational Services, Transitional Employment, Intensive Supported Employment (ISE), and Ongoing Supported Employment.

Person-centered, community-accessible

In keeping with the federal government's ongoing emphasis on person- and community-centeredness for a myriad of human services and supports, New York's BH-HCBS program may not be provided in any institutional setting.

That would include hospitals, nursing facilities and, obviously,



Historic Blizzard? "Snow' Problem!"

BLOWN AWAY Jonas is no match for Hamaspik of Kings County's driven Yehoshua Waldman (see full story, page E6)

institutions for mental diseases.

It would, conversely, very much include independent community housing, and even housing supported by the New York State OMH—so long as said are "integrated in and supports full access to the greater community," according to official OMH documentation.

Underscoring the aforementioned person-centeredness is the

requirement that the setting be "selected by the individual from among setting options," and that it "ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint."

It must also be a setting that "optimizes autonomy and independence in making life choices."

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Helping Change the Face of Disability Employment, One Supported Job at a Time

Hamaspik of Rockland County Regularly Hits the Road, Mark on People Marketability

Thousands of New York residents with various disabilities receive various services and supports from the New York State Office for People With Developmental Disabilities (OPWDD), the state agency that is

Hamaspik's public-sector partner.

But not too long ago, only some 4,000 of them had any semblance of income-producing employment.

Today, however, thanks to key changes in disability policy, that figure's up to 7,000.

In recent years, coupled with still-increasing emphasis on maximum employment mainstreaming from the federal Centers for Medicare and Medicaid Services (CMS), New York State has been hawking—and successfully so—employment for New Yorkers with disabilities.

That drive has been most visible on two primary fronts: The New York State Education Department (NYSED)'s Vocational and Educational Services for Individuals with Disabilities (VESID) program, and the OPWDD's Supported Employment (SEMP) effort.

Hamaspik of Rockland County has long offered both.

On the job

Filling the niche for the past 13 years, Hamaspik of Rockland County has been pushing disability employment well before it became the trend it is now.

The bulk of Hamaspik's VESID and SEMP work entail training and acclimating people with disabilities out at job sites—respectfully and often repeatedly running down the nitty-gritty with them, one specific task at a time.

For one successful recent placement, for example, a young man now working at a commercial pharmacy for several years, that acclimation meant learning how to fill sterile bubble packs with pills—a task marked by almost-robotic repetition

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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 individuals 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 (MLTCLP) 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

Gut Yeast Brews Alcohol, 'Intoxicates' People, in Rare 'Auto-Brewery Syndrome'

Convinced by Medical Proof, New York Town Judge Dismisses DWI Charges

Hamburg, New York town justice Walter Rooth simultaneously made New York State and medical history recently, by ruling that a driver's blood alcohol concentration (BAC) levels was not due to drinking but to a rare condition that creates sky-high BAC levels without drinking.

The condition is known as auto-brewery syndrome. In it, yeasts—microscopic organisms that normally cause bread to rise and beer to brew—infect the gut, and ferment sugar in food.

The result is patients with very high BAC readings that normally would be poisonous. But the estimated 50 to 100 people with the rare syndrome usually show no signs of intoxication.

Apparently, their bodies tolerate the internal fermentation without producing any symptoms. In plain English, they're legally extremely intoxicated, but medically not.

According to syndrome researcher Barbara Cordell, Dean of Nursing at the Carthage, Texas-based Panola College, people with the condition can function at BAC levels as high as 0.40. That's five times New York State's legal limit of 0.08.

Part of the mystery of the syndrome is

how patients can have extremely high levels and still be walking around and talking, Cordell recently told a news outlet.

The ruling sprang from extensive medical research and testing arranged by the driver's attorney.

The driver had initially been pulled over by upstate police in 2014 for erratic driving, then getting a dangerously high BAC reading. Police then transported the driver to the hospital.

However, the driver had not consumed anything intoxicating that day. The driver was shortly released after showing no signs of alcohol poisoning. But the drunk-driving charge remained.

After weeks of digging and medical testing, including having the driver's behavior and diet recorded for 24 hours by professionals, the lawyer was able to prove the condition's presence.

And after reviewing the medical evidence, Judge Rooth dismissed the charges.

Auto-brewery syndrome, if and when diagnosed, is generally treated with anti-fungal medications and a strict diet virtually free of sugar and carbohydrates. ■

With Gala Party, Happy Arcadian Bridesheim Family Celebrates Resident's Post-surgical Rebound

Staff Lovingly Rallies Around Homecoming Resident After Round of Corrective Care



PUTTING HIM IN HIS PLACE Surrounded by friends and staff in Arcadian's dining room, Avri presides prince-like over the happy proceedings

Last month, Avri came home. That may not sound like much news. But to the big happy family that is HamaspiK of Rockland County's Arcadian Bridesheim Individualized Residential Alternative (IRA), it meant the world.

Because every HamaspiK IRA group home is a family in its own right.

And just as every family regularly throws parties at home—birthdays, anniversaries, graduations and other special occasions—every HamaspiK home regularly has parties, too.

And just as any family would throw a

furiously festive party when a beloved family member emerges from major surgery none the worse for wear, you can bet that Arcadian celebrated when their beloved Avri triumphantly returned home in full fettle.

Caring for family

When long-time Arcadian resident Avri, a strapping young man of 20, needed corrective surgery, his entire family, biological and otherwise, rallied around him.

From the moment he went into the operating room at Columbia Presbyterian

Continued on Page E6

New Year for Trees Marked Across Hamaspik



GROWTH Hamaspik of Rockland County After-school Respite (ASR) regular Shaya is proud of his Tu B'Shvat handiwork

The 15th day of the Jewish-calendar month of Shvat, which typically lands in January, is the "Rosh Hashanah for Trees" in ancient

and exotic alike, especially those not regularly consumed or available.

It also symbolizes the onset of a new year of growth and realized

lowing, and metaphorically in people's personal growth.

Colorful platters of fruits of all kinds were thus seen and served across Hamaspik's divisions, programs and services in three counties—particularly at its Individualized Residential Alternative (IRA) group homes, Day Habilitation (Day Hab) programs, and After-school Respite (ASR) initiatives.

Some examples:

At Hamaspik of Orange County, employees were treated to a surprise staff appreciation meeting on "Chamisha Usur" ("the Fifteenth," as it's commonly known) hosted by Special Events Coordinator Mrs. Brenda Katina.

The Men's Division of that agency's Day Hab program incorporated the holiday into its daily activities, with the gentlemen assembling kebabs out of fresh chunks of dried fruit. The holiday was also celebrated with a joint birthday party for Shloime R., a beloved program regular.

The Hamaspik of Rockland County Day Hab Men's Division featured a special assembly, not unlike the regular get-togethers it enjoys each Friday—replete this time with plenty of exotic fruits, and a guest speaker in the form of Wannamaker Briderheim IRA Manager Mr. Joel (Feish) Horowitz. Program regular Eliezer "Lazer" Friedlich, a long-time Briderheim IRA, also shared a few words of inspiration.

A "Fruit Party" was thrown at the 61st St. Briderheim IRA, one of Hamaspik of Kings County's Brooklyn-based residences. Residents each enjoyed a sizable platter of fruit common and seasonal, an organic spectrum as tasty as it was colorful.

Ditto for the 38th St. Shvesterheim, another Hamaspik of Kings County group home.

At the Concord and Grandview Briderheims, both in Monsey under Hamaspik of Rockland County, residents were aware of Tu B'Shvat (as it's also known) due to the servings of pomegranates and other exotic fruits.

In upstate Kiryas Joel, hub of Hamaspik of Orange County, the Bakertown Shvesterheim "step-down" IRA (so dubbed for its step down in supervision demanded by its high-functioning residents) set out a table replete with natural Chamisha Usur treats. Residents not only chose the menu, but also prepared the fruits and fruit-based



THE RIGHT SETTING A Tu B'Shvat placemat with fruit kebab "bouquet" at the STARS program powered by Hamaspik

dishes and concoctions.

The ASR program, long a popular community draw, celebrated the 15th of Shvat with dried-fruit kebabs of their own to take home (and eat!), as well as holiday-themed arts and crafts projects.

And at Hamaspik of Orange

County's Seven Springs Shvesterheim, reports IRA Manager Mrs. Neuman, Chamisha Usur was celebrated with the color, taste and pageantry you'd find anywhere else.

"Like a regular home," she says—which is just the idea. ■



NATURE'S RANGE Platters at Hamaspik of Kings County's 38th St. Shvesterheim (l) and South 9th Inzerheim IRAs

Jewish law and lore. The 15th of Shvat is celebrated primarily with the consumption of fruits common

potential, an onset realized literally in the orchards that begin blooming in the days, weeks and months fol-



FRUITS OF CULINARY ART A holiday arrangement at Hamaspik of Orange County's Bakertown Shvesterheim IRA



SIGN OF THE TIME A fruitfully colorful banner announces Tu B'Shvat at Hamaspik of Rockland County's Men's Day Hab

MAZEL TOV

from all of Hamaspik
to our very own

Alan Blau, Ph.D.,
agency psychologist

and family
at the joyous occasion of
the marriage of his daughter

May we always share
life's greatest joys!

Best wishes,

Meyer Wertheimer,
Founder, Hamaspik

Joel Freund
Exec. Director,
Hamaspik of
Kings County

Moses Wertheimer
Exec. Director,
Hamaspik of
Orange County

Yoel Bernath
Exec. Director,
Hamaspik Choice

Asher Katz
Administrator,
HamaspikCare

IN THE KNOW

All about... heart attack

“Will you stop it?! You’re going to give me a heart attack!”

Heart attacks—or at least the emotional angst linked to heart attacks—are the crux of endless jokes.

But for people who actually suffer heart attacks, and their loved ones, this all-too-common occurrence is no laughing matter. (An attorney friend of this editor had a heart attack in a courthouse parking lot; he recalls falling by his car and waking up in the hospital.)

More serious still, heart attacks don’t just strike stereotypical victims, either, like the visibly overweight. Thin and/or otherwise healthy people can suffer heart attacks, too.

But the good news is that not only can heart-attack victims often be saved if they or first responders know what to do, but heart attacks can often be prevented in the first place, too.

Definition

Heart attack, known medically as *myocardial infarction*, occurs when the flow of blood to the heart is blocked, most often by a build-up of fat, cholesterol and other substances called plaque.

If and when plaque reaches a critical mass in the coronary arteries (the blood vessels that service the heart), the interrupted blood flow

can damage or destroy part of the heart muscle. This damage or destruction is tragically all too often irreversible.

With each passing minute after a heart attack, more heart tissue loses oxygen and deteriorates or dies. The main way to prevent heart damage from a heart attack is to restore blood flow quickly and usually by means of emergency medication, angioplasty and/or bypass surgery at a hospital.

Warning signs and symptoms

Many heart attacks are preceded by important warning signs. Familiarity with the warning signs can save lives—so get to know them!

Sudden, theatrical heart attacks—eyes wide, hand to chest, bodily falling down—do occur. But a heart attack may also begin with mild pain or pressure in the chest, coming and going or lasting hours.

Some people have mild pain. Others have more severe pain. Some people have no symptoms. For others, the first sign may be sudden cardiac arrest (heart stoppage). However, the more signs and symptoms one has, the greater the likelihood that one is having a heart attack.

Common signs and symptoms include:

- Pressure, tightness, pain, or a squeezing or aching sensation in the chest or arms, particularly the left arm. This symptom may spread to the neck, jaw (including teeth) or back. It can also come and go. However, not all heart attacks are preceded by chest pain!

- Nausea, indigestion, vomiting, heartburn or abdominal pain

- Shortness of breath
- Cold sweat
- Fatigue
- Dizziness or lightheadedness, sometimes sudden

- Pounding heart or changes in heart rhythm

The earliest warning may be recurrent chest pain (angina) that’s triggered by exertion and relieved by rest. Angina is caused by a temporary drop in blood flow to the heart.

Signs and symptoms in women

The biggest difference in women’s heart-attack symptoms is that they are more likely to occur without the #1 indicator: chest pain. Additionally, women are more likely to have heart attacks above age 50, meaning that these symptoms experienced below that age are less likely to actually be a heart attack.

It is important to note that symptoms for women can often be subtle and difficult to identify as a heart attack, and are not necessarily as obvious as those striking men. These are:

- Sudden onset of weakness
- Shortness of breath
- Nausea, vomiting, indigestion
- Body aches
- Overall feeling of illness
- Unusual feeling or mild discomfort in the back, chest, arm, neck or jaw

Note to readers: These symptoms do NOT always mean you’re having a heart attack—they just mean you should ask your doctor. See side bar.

Cause

Coronary heart disease

Most heart attacks are caused by

coronary heart disease, in which one or more of the coronary arteries become narrowed over time from the buildup of plaque, or various substances, including cholesterol. (That itself may be genetic, but is far more often the result of poor lifestyle habits, like eating unhealthily, smoking and/or not exercising.)

If and when plaque breaks off a coronary artery wall, a blood clot forms at the break-off point. *It is the blood clot, not the buildup of plaque itself*, which causes the heart attack—the blood clot can get big enough to partially or even completely block blood flow to the heart.

Spasms

Heart attacks can also be caused by a *spasm*, or involuntary contraction, of a coronary artery. If a coronary artery has a spasm, it can partially or even completely block blood flow to the heart. Coronary artery spasms can be caused by use of tobacco or illicit substances.

Tears

Heart attacks can also be caused by a tear in a coronary artery (known medically as a *spontaneous coronary artery dissection*).

A heart attack is not the same as sudden cardiac arrest, which is when the heart suddenly stops because of an electrical disturbance. However, a heart attack *can* cause cardiac arrest.

Diagnosis

There’s one simple reason it’s easy to delay action upon a heart attack: You may not think it’s a heart attack. As mentioned, symptoms vary, can come and go, and can last for hours.

So how do they know if it’s a heart attack? Only emergency tests can really tell.

In the emergency room, the patient will be asked to describe symptoms. Blood pressure, pulse and temperature will be checked. A heart monitor will be hooked up and heart-attack tests will begin almost immediately. These can include any

of the following:

Electrocardiogram (ECG)

This first test records the heart’s electrical activity. Injured heart muscle doesn’t conduct electrical impulses normally, so the ECG may show that a heart attack has occurred or is in progress. A qualified paramedic can even run this test, diagnose a heart attack and begin treatment, in an ambulance or on the scene.

Blood tests

Certain heart enzymes slowly leak out into the blood if the heart has been damaged by a heart attack. Doctors will test blood samples for the presence of these enzymes.

Chest X-rays

These allow doctors to check the size of the heart and its blood vessels and to look for fluid in the lungs.

Echocardiogram

This test bounces sound waves at the heart from a wand-like device held on the chest to create video images of the heart. An echocardiogram can help identify whether an area of the heart has been damaged by a heart attack and isn’t pumping normally or at peak capacity.

Coronary catheterization (angiogram)

A liquid dye is injected into the arteries of the heart through a long, thin tube (catheter) that’s fed through an artery to the heart arteries. The dye makes the arteries visible on X-ray, revealing areas of blockage.

Cardiac computerized tomography (CT) or magnetic resonance imaging (MRI)

These high-tech, definitive tests can be used to diagnose heart problems, including the extent of damage from heart attacks. The CT and MRI machines are, respectively, doughnut- and tube-shaped machines. Patients lie on tables inside the

First-aid Steps

In a heart attack, every second counts. Here’s what to do if you or someone is having a heart attack:

- Call 9-1-1
- Give patient uncoated aspirin to help slow blood clot formation while waiting for ambulance
- Don’t drive yourself to the hospital!
- If patient unconscious, start chest-only CPR (9-1-1 will instruct)
- Use an automated external defibrillator (AED) if one is handy

Once the patient is at the hospital, it is important to speak up and make sure caregivers know that he or she is concerned about the possibility of a heart attack.

machines while the devices create detailed highly detailed images of the heart.

Treatment

Any delay in treatment can mean greater damage to the heart muscle. In the case of suspected heart attack, treatment usually begins at the same time as diagnostic tests—mainly in the form of anti-blood-clotting medications.

Among these medications are non-coated aspirin that is taken right away, which reduces the blood clotting causing the heart attack and improving blood flow.

Clot-busting drugs called thrombolytics help dissolve blood clots, also improving blood flow—and the sooner they're taken, the better.

Anti-platelet drugs like Plavix may be given at the ER to help prevent new clots and keep existing ones from getting larger.

Other medications like heparin make blood less likely to form clots, while beta blockers help relax and slow the heart, thus lowering blood pressure and limiting heart muscle damage.

For the best odds of saving the heart muscle, a heart attack victim must get to the emergency room immediately, where doctors will try to reopen the blocked artery within 90 minutes of arrival at the hospital. This critical window of time is referred to as the *door-to-balloon time* because it measures the time from entering through the hospital doors until blood flow is restored to the heart through use of an angioplasty balloon.

However, even after 90 minutes, angioplasty or bypass surgery may still help prevent additional damage to the heart muscle.

A patient arriving at an emergency room while having a heart attack may be given clot-busting drugs, especially if it's a hospital not equipped to perform balloon angioplasty. Alternatively, at a hospital

that does have a catheterization lab, the patient will probably be taken directly to the cath lab where balloon angioplasty and stenting can be performed.

Angioplasty/stenting

Angioplasty is a procedure performed by a cardiologist to reopen a clogged or blocked artery for blood flow. During the procedure, a catheter is inserted through a puncture site in the skin and threaded through the artery to the site of a blockage. Very thin wires are then advanced beyond the blockage and a small balloon is opened to push the blockage out of the way to restore blood flow.

A stent—a metal, mesh tube—may be placed in the artery during the procedure to permanently prop the artery open. Angioplasty is successful in the treatment of 95 to 98 of every 100 patients. A timely angioplasty in a patient having a heart attack can stop the heart attack and possibly save his or her life.

Bypass surgery

Some patients with heart attacks are best treated with emergency bypass surgery at the time of a heart attack. In some cases, if possible, doctors may suggest that the patient receive bypass surgery after the heart has had time, about three to seven days, to recover from the heart attack. Bypass surgery (like balloon angioplasty and stenting) restores blood flow to the heart muscle. It involves sewing veins or arteries in place beyond a blocked or narrowed coronary artery, allowing blood flow to the heart to bypass the narrowed section.

Complications

Heart attack complications are often related to the damage done to the heart during a heart attack. This damage can lead to the following conditions:

Abnormal heart rhythms (arrhythmias)

If the heart muscle is damaged from a heart attack, electrical "short circuits" can develop, resulting in abnormal heart rhythms, some of which can be very serious.

Heart failure

The amount of damaged tissue in the heart may be so great that the remaining heart muscle can't do an adequate job of pumping blood. Heart failure may be a temporary problem that goes away after the heart, which has been stunned by a heart attack, recovers. However, it can also be a chronic condition resulting from extensive and permanent damage to the heart following the attack.

Heart rupture

Areas of heart muscle weakened by a heart attack can rupture, leaving a hole in part of the heart.

Valve problems

Heart valves damaged during a heart attack may develop severe, life-threatening leakage problems.

Prognosis

Once blood flow to the heart is restored and the patient's condition is stable, he or she is likely to remain in the hospital for several days. (My friend the lawyer was in the hospital for a week.)

For those who've survived heart attacks, emotional support and monitoring is just as crucial: Talk regularly to family members, doctors and other survivors for ongoing moral and emotional support, airing of fears, and maintenance/improvement of health and positive attitude.

Cardiac rehabilitation programs can be particularly effective in preventing or treating depression after a heart attack. Many hospitals offer programs that may start while the patients is still in the hospital and, depending on the severity of the attack, continue for weeks to months after the return home.

Cardiac rehabilitation programs generally focus on four main areas—medications, lifestyle changes, emotional issues and a gradual return to normal activities.

Because lifestyle profoundly affects heart health, the next section can help one not only prevent but also recover from a heart attack.

Recovery/prevention

Certain risk factors contribute to the unwanted buildup of fatty deposits (atherosclerosis) that narrows arteries throughout your body. Many of these risk factors can be improved or eliminated to help reduce chances

of having a first or following heart attack.

Obesity

Obesity is associated with high blood cholesterol levels, high triglyceride levels, high blood pressure and diabetes. But for obese or overweight people, losing even ten percent of that excess body weight can lower the risk, and the more weight lost the better.

High blood cholesterol or triglyceride levels

A high level of low-density lipoprotein (LDL) cholesterol (the "bad" cholesterol) is most likely to narrow arteries. A high level of triglycerides, a type of blood fat related to one's diet, also ups risk of heart attack. On the other hand, a high level of high-density lipoprotein (HDL) cholesterol (the "good" cholesterol) actually lowers risk of heart attack.

High blood pressure

Over time, high blood pressure can damage arteries that feed the heart by accelerating plaque buildup. High blood pressure that occurs with obesity, smoking, high cholesterol or diabetes increases risk even more.

Lack of physical activity

An inactive lifestyle contributes to high blood cholesterol levels and obesity. People who get regular aerobic exercise have better cardiovascular fitness, which decreases overall risk of heart attack. Exercise is also beneficial in lowering high blood pressure.

Stress

People may respond to stress in ways that can increase risk of heart attack.

Tobacco

Smoking and long-term exposure to secondhand smoke are leading heart attack risk factors.

Illicit substance use

Among the several reasons they're illegal is because they're bad for you: Illicit substances can (among many other symptoms) trigger a spasm of the coronary arteries, which in turn can cause a heart attack.

Autoimmune conditions

A history of an autoimmune condition, like rheumatoid arthritis, lupus or others, can increase risk of heart attack.

Diabetes

Insulin, a hormone secreted by the pancreas, allows the body to use glucose, a form of sugar. Having diabetes—not producing enough insulin or not responding to insulin properly—causes the body's blood sugar levels to rise. Diabetes, especially uncontrolled, increases risk of heart attack.

Summary

Few diagnoses better exemplify the old saying "An ounce of prevention is worth a pound of cure" than a heart attack. With a wise eye focused on a long-term health plan, many if not most heart attacks can be prevented in the first place.

So: Maintain a healthy weight with a heart-healthy diet. Don't smoke. Exercise regularly. Manage stress. And control conditions that can lead to heart attack, such as high blood pressure, high cholesterol and diabetes.

Sounds like a tall order? Don't fret. When it comes to heart attack, that ounce of prevention—one small but important health decision at a time, one day or moment at a time—you'll add up to that pound of cure that you'll hopefully never even need. ■

Hamaspik thanks Abraham Berger, M.D. F.A.C.E.P., emergency medicine authority and Medical Director of the NYSHA Article 16 Clinic, for his critical review of this article.

PHOTO OF THE MONTH



POINT WELL TAKEN At the West Point Military Academy visitors center, Abraham, a young man serviced by Hamaspik of Orange County, pays homage to America's patriots

"AM I HAVING A HEART ATTACK?"

Veteran emergency-room doctor Abraham Berger talks shop with the Gazette

"I feel stupid that I came!"

That's what many patients say when they find out they're definitely not having heart attacks, says Dr. Abraham Berger, who's worked the ER at Beth Israel and other hospitals for decades.

"I'm glad that you came!" he responds to them.

An initial concern with this article was the range of symptoms described—and the fear that readers, particularly women, would now think "heart attack!" at every odd ache and pain.

But according to Dr. Berger, it's better safe than sorry. "No one ever got criticized for checking it out," he says. So if something doesn't feel right, trust your body and call your doctor right away.

As for the definitive "classic" heart-attack symptoms, Dr. Berger mentions chest pain—especially pain that radiates up to the neck, back and/or upper left arm, or which feels "like an elephant sitting your chest."

If you're feeling any of that, you're probably having a heart attack. Call an ambulance now. Worry about over-reacting later. The doctors will gladly forgive you for it.

For Dozens of Kids, a Wonderful Winter Week Away from School

Hamaspik of Orange County's After-school Respite (ASR) in Season Again



FACE YOURSELF Zrilly, 8, cherubic countenance flamboyantly filigreed, thoughtfully reflects upon the finer considerations of faux facial reinterpretations courtesy of face paint whilst enjoying an otherwise normal day at After-school Respite

From Monday, January 18 through Thursday, January 21, the Kiryas Joel Union Free School District, the village's unique public school system for students with special needs, had its winter break.

And hence, over that same four-day span, Hamaspik of Orange County fielded its After-school Respite (ASR) program—this time four consecutive full days, not the usual post-school afternoon sessions.

The ASR program, a long-running staple offered by the New York State Office for People With Developmental Disabilities (OPWDD), provides therapeutic and stimulating programs to children and teens with disabilities in the afternoon of each school day.

The program, offered through community non-profits like Hamaspik, not only gives participating boys and girls a positive and stimulating daily outlet, but most critically—as its name indicates—gives their parents a daily respite from the added duties of parenting kids with special needs.

Under the directorship of capable ASR Coordinator Mrs. Tzippy Loeb, the dozens of children who regularly attend Hamaspik of Orange County's ASR program each school-day afternoon now attended that program from 9:30 through 2:30 each winter-break day.

Each of the program's four days was rife with snowmen, minus actu-

al snow.

Day One, for example, had the precocious kids making snowmen out of cotton balls, giving them a real-life tactile feel and shape. They also made snow sculptures out of ice shavings, letting their creative sides free as they molded the cold material into shapes dictated by imagination.

Arts and crafts on the second day consisted of more snowmen, this time made of paper doilies. Later, the food art activity had them making marshmallow snowmen.

Day Three was marked among many other things by a sensory activity that substituted a spray foam product for snow, allowing the kids to work their fingers and tactile senses in the spirit of winter. They also enjoyed popcorn snowmen.

The session's last day featured sugar cookies decorated with snowman figures, and chocolate-wrapped snowmen for the day's arts and crafts segment.

From arrival to dismissal, the boys and girls were also given two square meals a day (breakfast and lunch, which they helped prepare). From putting out tablecloths and setting tables to making pizza and Jell-O, the kids were involved in their

food choices as the program served them with healthy nutrition (and which tasted good, too!).

Exciting special activities filled the noontime center of each day, with face painting, balloon shaping, fruit decorating and even an exhilarating visit by Musical IQ, a percussion-driven traveling interactive children's workshop. Led by facilitator Shmueli Perkel, the children had a blast pounding away on the workshop's authentic djembe hand drums.

Rounding out the program each day was at least 15 minutes of organized exercise, Circle Time, periods of free play, and a variety of hands-on sensory activities.

By the time 2:30 p.m. dismissal rolled around, the children were tired but satisfied, ready to go home—and ready to recharge for equal excitement and fun the next day.

"We had an amazing time!" said Mrs. Loeb.

And their parents, having been granted a near-week of valuable respite, surely would agree, and for more than one reason. ■

Gala Homecoming Party

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Medical Center on December 28 and all through his weeklong recuperation process, Avri was never alone.

Arcadian Direct Support Professionals (DSPs) Joel Fried, Joel Goldberger, Michael "Chuli" Gottesman and Hillel Spitzer were a constant presence, each taking shifts each day Avri was there, and sometimes nights.

While most nights at the hospital were covered by Avri's father and mother, Arcadian staffers were there to support them, filling in for them when one couldn't make it. (Conversely, reports Mr. Gottesman, Avri's ever-grateful mother actually wanted to pull extra shifts so that the devoted Arcadian staff wouldn't have to; staffers humbly demurred.)

The surgery, coordinated painstakingly from the moment a problem was noticed by Arcadian's diligent manager Mr. Shlomo Lebowitz, was a textbook success—and when doctors emerged from the OR to convey the relieving news, Lebowitz and team all but jumped for joy.

Healing bonds

So he's like a brother?

The *Gazette* is on the phone with Mr. Gottesman, Avri's assigned DSP at Arcadian, about Avri. "A brother?!" he retorts in lighthearted incredulity. "Much closer!"

No wonder they threw a party when he got home.

As a matter of fact, Gottesman notes, the hardest thing for staff about Avri being in the hospital was not that they had to be there at unorthodox working hours, but that he wasn't home.

No wonder Avri was detectably happy when he got home.

He's walking around now, and smiling, Gottesman reports—a refreshingly welcome, remarkably rapid improvement over the wheelchair in which he initially returned.

"He's doing great," Gottesman says. "He got better very fast. Everyone was amazed."

Could it be that the love he got, and gets, from those closest to him played a part? Just saying.

Where the heart is

Aside from biological family, which continues to support Avri's residency and care at Hamaspik, every Arcadian employee sees himself as Avri's family.

Seated at the head of the table, Avri thrilled and celebrated in his own way, sponging up the genuine love and affection broadcasted his way as staff and residents alike sang, clapped and otherwise made him feel like President for a day.

Behind him, a huge home-made sign reading, "WELCOME HOME" decorated the wall. On the walls to both sides of him, balloons of all colors lent a festive touch. And before him, fellow Arcadian residents sat around a table bedecked in party favors and treats.

Without saying anything, Avri conveyed that he knew where he had been, where he was now, and everything that made, and makes, all of that possible. He was, and is, happy to be back.

Does he appreciate everything? "I believe he does," Gottesman says.

Having worked at Arcadian since its opening eight years ago, he would know.

Getting back on his feet

Avri isn't quite ready to return to school just yet. Despite his rapid recovery, Arcadian staff is playing it safe, ensuring that he gets his bearings fully back before returning to regular routine.

In recent days, Avri has been taking it easy around the house, settling back in and getting adjusted once again to his familiar environs and the surrounding neighborhood.

Part of that re-acclimation, elaborates Gottesman, is taking him for brief walks on the leafy streets immediately surrounding Arcadian.

And taking him shopping for new shoes—which the devoted DSP did this very morning.

The young man's eagle-eyed caregivers, from the manager on down, see to it that he's provided with his every medical need. His direct-care staff sees to it that he's covered head to toe on every basic need, including footwear.

Should Avri, or any Arcadian resident, require complex surgical intervention, he'll get it.

" 'Snow' Problem!"

The morning of Sunday, January 24, Hamaspik of Rockland County emerged from Winter Storm Jonas none the worse for wear—after the agency's Individualized Residential Alternative (IRA) group homes across the Monsey area not only survived but thrived despite the nearly 30 inches of snow.

Complementing the exemplary job done by the Ramapo Dept. of Highways, whose monstrous snowplows were out and about all Saturday, Hamaspik of Rockland County IRA Maintenance Manager Israel Katina had seen to it the previous Friday that private contractors would plow each IRA's driveway by early Sunday.

Ditto for Hamaspik of Kings and Orange Counties, where maintenance professionals Yehoshua Waldman and Joel Sandel ensured that the homes under their care had snow-free (and, later, ice-free) front steps, walkways and driveways.

No blackouts were reported in any of the dozen-plus group homes, with power grids holding up in an otherwise challenging environment.

Several of Hamaspik's group homes, particularly the Dinev Inzerheim Intermediate Care Facility (ICF) that is home to several medically-involved youths, boast onsite generators to keep the lights on. Fortunately, neither they nor

Hamaspik's safety evacuation plan were needed.

For those Hamaspik of Rockland County residential beneficiaries in need of various medications, Director of Residential Services Moshe Sabel notes that all his home managers saw to it that prescriptions were refilled and delivered before Friday night, obviating any critical shortages.

As for the agency's office complexes, maintenance staff also ensured that sidewalks, doors and doorways, stairways and ramps were clear of snow by midday Sunday. A diligent Yehoshua Waldman, he of Hamaspik of Kings, was even photographed by a community news outlet making short shrift of snow drifts with a snow blower.

Working the corner of Borough Park's 41st St and 14th Avenue, location of Hamaspik's central Borough Park office with the motorized machine, Mr. Waldman cleared not just the pavement outside the agency building, but the knee-deep snow at the critical street corner, too.

The new opening gave pedestrians a clear and safe path through an otherwise impassable obstacle—which, come to think of it, is kind of what Hamaspik does, too. ■

And when it's over and he triumphantly comes home, he'll be lovingly embraced with open arms

as the beloved family member that he is—and, naturally, get a party of his own, too. ■

The AUTISM UPDATE

News and developments from the world of research and advocacy

Town billed as nation's first "autism friendly travel destination"

On January 13, the Town Council of Surfside Beach, South Carolina signed an official proclamation declaring the small beach town America's first "autism friendly travel destination."

The proclamation springs from years of activism by South Carolina resident Ms. Becky Large, mother of a child with autism and leader of earlier autism-friendly community events.

Under the prodding of Ms. Large's non-profit, the Champion Autism Network, a number of Surfside Beach hotels and beach cabin rentals are now offering "kid proof" lodgings.

Beach-area businesses are also being trained to accommodate children who have autism and their families. Most importantly, Surfside Beach is being declared a "judgment-free zone".

Surfside Beach, five miles south of the Myrtle Beach International Airport and the busier Myrtle Beach recreational destination, is also host

to numerous venues, all now autism-friendly.

Maryland cops trained in special needs

Three years ago, after a young man with Down syndrome died in police custody after being agitated and noncompliant, a committee formed by then-Gov. Martin O'Malley of Maryland recommended new police training statewide on intellectual and developmental disabilities.

In mid-January, 11 Howard County Police Dept. recruits became some of the state's first officers in training to undergo the now-mandated four hours of special-needs training. Officers learned to de-escalate behaviors normally deemed provocative, such as youths with autism parroting instructions or engaging in inappropriate touch.

Chinese autism researchers using live monkeys

Many autism studies use live mice to learn more about the human mind. A new Chinese study, however, is using live macaques, a type of

monkey, to research autism.

In the study, published late January in the journal *Nature*, the eight monkeys were genetically modified to carry MECP2 gene, a gene associated with a childhood disorder that shares characteristics of autism. While they had normal cognitive abilities, the monkeys all exhibited repetitive behaviors, increased anxiety and less social interaction, all hallmarks of autism.

What's more, they passed this variation to their offspring who also showed reduced social interaction.

The Chinese researchers are now using brain imaging to determine which neural circuits were influenced by the genetic change established in the monkeys.

Oregon district kids get disability sensitivity

The 14 elementary schools of the Medford (Oregon) School District are having their Fourth Grade classes receive instruction from the district's Ability Awareness Campaign.

The Campaign has special education specialist Vanessa Campbell leading typical kids through such

exercises as communicating instructions without speaking, or writing their names with pens held in their mouths, or tying shoelaces while wearing gloves, or other such simulated disabilities—to foster understanding of "different" kids and their various challenges.

Autism activist calls for better terminology

Autism parent and activist writer Shannon Des Roches Rosa, co-founder and editor of *The Thinking Person's Guide to Autism*, now calls for updated autism-related research terminology.

In a recent column, Ms. Des Roches Rosa opines that autism researchers ought to discard and replace certain common phrases in writing about autism and people affected by the condition.

"Autism researchers can minimize negative connotation through word choice," she writes.

Among the activist's suggested changes for autism research papers and articles are: "differences," not "deficits"; "high-support" or "low-support" in place of "high-functioning" or "low-functioning"; and

avoidance of "recovery" and related terms.

Ms. Des Roches Rosa also believes that scientists "should focus on accommodating and supporting the needs of autistic people, especially those of color and of different cultures, and helping them learn new skills" instead of emphasizing recovery or cures.

Existing drug boosts communication: study

A small study by the University of Missouri found that people with high-functioning autism displayed improved communications skills after taking propranolol, a blood pressure medication.

The study had 20 people with autism take propranolol or a placebo, and then converse with researchers one hour later while being assessed.

Researchers found that those who took the drug were better able than those who got a placebo to stay on topic, share information, maintain eye contact, participate in nonverbal communication, share the conversation and deal with transitions or interruptions. ■

Helping Change the Face of Disability Employment, One Supported Job at a Time

Hamasplik of Rockland County Regularly Hits the Road, Mark on People Marketability

Continued from cover

but one that required keen attention to detail.

Besides learning out to operate the machines used by the facility, the young man also needed to acclimate to a mainstream workplace, co-workers, banter and all. Hamasplik of Rockland County SEMP Coordinator Eli Neuwirth patiently coached him on both counts.

Multiply that scenario by about two dozen, each with its unique profile of workplace industry and style and individual diagnosis, and you've got Hamasplik of Rockland County's running portfolio of success.

Embracing, educating and empowering employers

With its ongoing disability employment work, Hamasplik of Rockland County's supported employment program, led by the ever-multitasking Director of Day Services Shlomo Koblub, boasts an impressive record of job recruitment, placement, coaching and retention.

But the back story behind that is the agency's equally extensive work in working an ever-growing network of professional relationships.

A critical part of disability employment, it turns out, is getting employers to take on people with disabilities—a part as important as getting those new employees up to speed on the job.

For some, having had little of any direct exposure to the world of disability, employers need to acclimate to their latest hires as much as their hires to their new workplaces.

Regardless of employers' previous level of exposure and comfort, Hamasplik is always on call—typically for those first few days or weeks—should employer have any question or difficulty in working with the new person on the job.

On the go

Between its VESID and SEMP clients, Hamasplik of Rockland County has over 20 men and women, mostly in their 20s, doing all sorts of wonderfully ordinary things for pay.

Two of those most recent placements consist of data entry: Scanning and filing documents, a task of inestimable importance in today's high-tech, data-driven world—and now being done by people who also happen to have disabilities, another indicator of today's progressive world.

The day before, Mr. Neuwirth had spent the entire morning at the commercial pharmacy, putting in another round of careful coaching for both staff and employees; Hamasplik has placed more than one employee there. (Hamasplik also spends a good bit of time arranging transportation to and from job sites for his clients—not a trifling task.)

While Hamasplik of Rockland County's disability employment department maintains offices on the premises, its real office chairs are their driver's seats—and its real workplace the many businesses across the region where Hamasplik of Rockland County continues to make employment its business. ■

Hamasplik Poised to Provide Community Mental Health Care

Agency Approved for OMH Services: Full Steam Ahead in Brooklyn; Hudson Valley Eyed

Continued from cover

Managed care

Pushing forward on the frontiers of social justice while keeping an eye on the financial bottom line is the overarching mission of managed care, the payment model increasingly used by a number of taxpayer-funded human supports and services.

Instead of the traditional fee-for-service payment model, managed care allots a set monthly amount per member; providers must then keep care costs within that monthly amount.

Managed care is mostly in use today in such publicly-funded healthcare programs like Medicaid, which is available in New York largely through such managed-care health insurance companies like Fidelis.

The managed-care model is also in use in managed long term care (MLTC) plans, new insurance companies funded by state and federal monies. These provide comprehen-

sive healthcare coverage to New Yorkers who require 120 or more consecutive days of a nursing-home level of care.

Moving forward

Helming Hamasplik's eventual major expansion into bringing its signature care to mental health care is David Schatzkamer, an industry professional who's been working for several months at Hamasplik now to build its internal mental-health apparatuses.

Part and parcel of that work has been forging strategic alliances with five of New York State's largest Medicaid managed-care healthcare providers. These are: Amerigroup, Fidelis, HealthFirst, HIP/Emblem, MetroPlus, and UnitedHealthcare.

With the planned launch of Hamasplik's mental-health services in Kings and Rockland Counties, members of any of these Medicaid care providers will be able to benefit from those supports. ■

The Senior Care Gazette

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

ANTICIPATING ANOTHER YEAR OF VIGOR, SHNOIS CHAIM MARKS 12 MONTHS OF SUCCESS

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Hamaspik's Senior Day Program Models Public-health Partnership, Leadership

The Shnois Chaim Senior Dining/Social Day program marked its first anniversary this past December. The initiative is among Hamaspik of Orange County's newest and most effective community human-services programs.

Between its participating seniors and people qualifying for managed long-term care (MLTC) services, Shnois Chaim serves dozens of Kiryas Joel residents each day.

Its first 12 months in operation were marked on December 23, 2015 with a 1st anniversary party at Hamaspik of Orange County's Administrative Building.

Getting started

Shnois Chaim was born after the Orange County Office for the Aging (OFA) approached Hamaspik of Orange County earlier in 2014, asking them to take the reins of a local senior program.

Working with community non-profits and volunteers, the OFA provides seniors with meals to seniors, served at "congregate setting" group programs or delivered to pri-

vate homes, all across Orange County.

One of those meal program sites was the Village of Kiryas Joel. With that program slated to close, the OFA instead asked Hamaspik of Orange County to keep it up and running. Hamaspik has long enjoyed a mutually beneficial relationship with government bodies at all levels.

Moses Wertheimer, Hamaspik of Orange County's Executive Director, tapped long-time employee Mrs. Chaye Miriam Landau to run the new program.

Working with Mr. Wertheimer as well as the OFA to internalize and adhere to all regulations, Mrs. Landau crafted a program that today provides dozens of older men and women residing in Kiryas Joel with healthy daily meals, therapeutic exercise and stimulation—and, perhaps most important of all, the opportunity to get out of the house and socialize.

All the variables were tended to and the pieces of the puzzle fell into place one by one.

Door-to-door transportation for the seniors was set up; a bus that would pick up each—along with an aide who would walk the venerated community elders from their front doors to the bus—and drive them to Hamaspik's elegant on-site social hall, and

then back home, was arranged.

Healthy meal choices were painstakingly planned, ensuring the optimal balance of proteins, carbohydrates, vitamins and nutrients. A chef was hired.

Staff was finally brought on board and a local advertising campaign was unleashed.

Attracted by Hamaspik's superlative and authoritative reputation, numerous Kiryas Joel seniors and/or their loving family members reached out in positive reaction to the publicity.

And in January 2015, after months of planning, Shnois Chaim's first class was born.

All in a day

Here's how the program's typical day unfolds.

The bus that transports participants to Shnois Chaim, which means "Living Years" or "Years of Life," makes its rounds of Kiryas Joel rain or shine (or snow, unless roads are unnavigable due to prohibitive weather conditions) each morning. Accompanying the driver is at least one aide, who even calls each senior at home a few minutes before arrival, to keep both parties' waiting time to a minimum.

Hamaspik even operates a toll-free weather hotline, allowing Shnois Chaim participants to call in and learn whether the shuttle bus, and the program, will be running on inclement mornings. The agency is also considering an automated "robocall" system to alert participants who may forget to call in.

Passengers are collected and the bus transports them to 1 Hamaspik Way, where participants are accompanied by aides into the social hall and respectfully relieved of their coats and personal paraphernalia, which are stowed away for them. Mrs. Landau and staff await.

A round of fresh hot tea, especially apropos in wintertime, begins each session.

Participants then break off for various group activities, including exercise regimens for seniors led by certified professional instructors in senior fitness. Other activities include interactive live music/singing sessions with local artists, cooking and baking workshops, and even arts and crafts.

Also part and parcel of the daily regimen is inspirational regular talks and discussions by noted community educators.

All the aforementioned form the program's Social Day component, itself the bulk of Shnois Chaim. In contrast to the congregate dining feature, which requires beneficiaries to be 60 years of age or above, the Social Day Program is open to anyone of

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More American centenarians

A report released mid-January by the CDC says that the number of centenarians—people age 100 or more—in the U.S. has risen by close to 44 percent in the last 15 years.

According to the CDC's National Center for Health Statistics, there were 50,281 Americans aged 100 or older in 2000, but 72,197 in 2014. About 80 percent are women.

At the same time, the report also found that Alzheimer's disease jumped from the #5 cause of death for centenarians in 2000 to the number-two cause by 2014. But death rates for these oldest Americans charted a steady decline between 2008 and 2014, the CDC also said.

Seniors up, geriatricians down

A recent article in *The New York Times* scrutinized geriatrics, or medicine for seniors, noting that while the U.S. population of seniors is growing, the number of licensed geriatricians is not.

According to census data cited by the *Times*, roughly 31 million Americans will be over 75 by 2030, while there are only about

7,000 geriatricians practicing in the U.S. today. The American Geriatrics Society estimates, the *Times* says, that another 450 geriatricians will need to graduate medical schools each year until then to meet that demand.

Reasons for the shortage include society's negative view of aging and age-related health problem, geriatricians' low salaries, low reimbursement rates from the federal Medicare senior health plan, and even avoidance of Medicare patients by geriatricians.

Conversely, the *Times* also described several geriatricians' altruism in entering the field, motivated as they were more by respect for full and long lives than by income.

The article concludes on an upbeat note, though, mentioning changes in payment models that may improve geriatricians' lot. Until then, these dwindling specialists continue putting their passion above their paychecks.

Readers' comments included mention of England's NHS public-health system, which pays doctors more for each year they stay with aging patients, and recruiting middle-aged doctors to geriatrics, bringing with them both their experience and their age to better relate to seniors.

Most adults mum at dementia talk

A study by research firm On Target Health Data indicates that only one in four adults aged 45 or older discussed memory problems with a health care professional during routine checkups.

The study, published Jan. 28 in the journal *Preventing Chronic Disease*, reviewed federal data from 2011 on over 10,000 people—finding that discussing memory problems with doctors actually declines with age.

According to experts, the apparent fact that three out of four adults will not discuss memory-loss concerns with doctors is attributable largely to the social stigma of the condition.

But mentioning memory troubles to doctors is important because it doesn't necessarily have to herald dementia, said Dr. Gisele Wolf-Klein, director of geriatric education at Northwell Health in New Hyde Park, New York. "Memory loss may well not be due to dementia, but another highly treatable condition, such as depression," she told news outlet HealthDay.

And what's more, according to experts, if it is dementia-related, painful family decisions later can be eliminated with long-term care planning now, as well as with effective

treatments for the condition's early symptoms.

Is Alzheimer's caused by bacterial infections?

That bold, possibly breakthrough assertion was the crux of an editorial recently in the *Journal of Alzheimer's Disease*.

The editorial suggests that it is a viral or bacterial infection which triggers the plaque build-up in the brain that is long associated with the debilitating terminal illness.

The editorial was penned by a group of 31 international Alzheimer's researchers and experts, including specialists from Oxford, Cambridge, Edinburgh and Manchester Universities and Imperial College.

"We are saying there is incontrovertible evidence that Alzheimer's disease has a dormant microbial component," said Professor Douglas Kell of the University of Manchester's School of Chemistry. "We can't keep ignoring all of the evidence."

Specifically, the scientists point to dormant microbes in blood cells that "wake up" at some point to cause the progressive brain damage of Alzheimer's.

The microbe angle of Alzheimer's has been around for years, with a recent study finding a statistically significant correlation of Alzheimer's and certain bacteria. ■



1. NYU Langone on the go

Manhattan's NYU Langone hospital, a leader in several specialties, recently reported a strong operating margin for the first quarter of the current fiscal year, which ended Nov. 30, 2015.

Thanks in part to the October 2014 opening of its Cobble Hill Emergency Department, which drove revenue from outpatient care up 19 percent, NYU Langone recorded a \$57.4 million total profit during the quarter.

At the same time, thanks to NYU Langone's value-based management program, inpatient case-mix adjusted direct costs were driven down by 11 percent per case. Average length of stay was also reduced by 0.3 days.

2. Malpractice claims against nurses up in past five years

A new report from the Nurses Service Organization (NSO) says that malpractice claims against nurses are on the rise, with average claims up and a higher cost risk for male nurses.

Between January 1, 2010 and December 31, 2014, over \$90 million was paid in malpractice claims against registered nurses, licensed vocational nurses and licensed practical nurses—with average claims rising from \$151,053 in 2007 to \$164,586 in 2015.

What's more, male nurses had higher paid indemnity amounts, with an average of \$55,175 compared to \$38,570 for women.

The report lists several proactive strategies against common causes of malpractice claims, including patient falls, communication gaps in hospital chains of command and timely (and accurate) assessments of patients' health and conditions.

3. Report: Medical miscommunication involved in 30 percent of patient-harm cases

A newly-released report by the Massachusetts-based CRICO Strategies finds that about 30 percent of malpractice cases involved medical care communication failures.

The review of 23,658 cases from 2009 through 2013 found that over 7,000 of them involved medical staff and patients not communicating effectively. The cases include some 1,700 deaths.

According to the report, reasons for the miscommunications include heavy workload, constant interruptions, and disjointed electronic health records (EHR) systems.

The report specifically found that while EHR has emerged partly to improve communications, in some cases they have the opposite effect. For example, one patient died when a hospital caregiver assumed that the patient's doctor would see the note about a life-threatening condition.

The report also faulted the workplace psychology of hospitals and doctors' offices, a hierarchical and deeply-engrained traditional culture in which nurses and other underlings refrain from questioning doctors and others higher up on the "totem pole" for fear of punishment or ridicule.

Tellingly, the report found that many miscommunications occurred while patients were being transferred, either between shifts or from one hospital or department to another.

According to a different report by The Joint Commission, the leading industry standards agency whose accredited organizations includes HamaspikCare, 80 percent of serious medical errors occur because of miscommunications during transfers.

However, the report also found that transfer-related miscommunications, and resulting errors, were significantly cut by a system called I-PASS. The phrase is an acronym for illness severity, patient summary, action list, situation awareness and contingency planning, and synthesis by receiver.

The I-PASS system was invented in 2008 at Boston Children's Hospital and is currently in use by 32 other hospitals nationwide. The system essentially has old and new shifts actively and verbally exchange and repeat patient information at hand-off time.

Another care-improvement system centered on communication is TeamSTEPS: Strategies and Tools to Enhance Performance and Patient Safety, a joint AHRQ/Dept. of Defense project.

Actually originating in the airline industry, TeamSTEPS is a "teamwork system aimed at optimizing patient care by improving communication and teamwork skills among health care professionals, including frontline staff," according to official literature.

It is used by U.S. military bases worldwide, as well as dozens of hospitals nationwide, including New York's very own North Shore Long Island Jewish (LIJ) Health System (recently renamed Northwell Health), one of TeamSTEPS' top success stories and home to one of the program's eight national training centers.

Industry insiders widely see the heart of the problem as a pure and simple need for better communication: More concise and structured communication, and a willingness to communicate and even to challenge others across peer groups in health care, including nurses taking on doctors and students challenging teachers.

Over a four-year period, the CRICO review cases triggered \$1.7 billion in malpractice costs.

4. Most malpractice claims legit, settled out of court: Study

Quick! How much was paid out in total U.S. malpractice claims over the last decade? Answer: \$13.6 billion, according to new Stanford University data analysis. The research, published in the *New England Journal of Medicine*, found that some six percent of America's nearly one million active physicians, or about 180,000 professionals, were sued in the last ten years for malpractice.

Of claims paid, most were for patient death (32 percent), "significant" (severely disabling and permanent) physical injury (38 percent), and "major" physical injury (15 percent). The remaining claims were for minor physical injury (12 percent) and emotional injury only (two percent).

Also, most of the sued doctors only paid a single claim, were male, were MDs (as opposed to DOs) and settled out of court. The median payment amount was \$204,750. ■

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any age who qualifies for long-term managed care (MLTC) services.

Skillfully rolling forward

Nothing at Hamaspik stays stationary, and at Shnois Chaim, one long-term goal is moving ahead: Meals on Wheels.

The mobile counterpart to the OFA's congregative dining program for seniors, Meals on Wheels is just that—a service that delivers freshly-made hot meals to the doors and dining-room tables of seniors living at home, and too-often alone and without personal assistance.

Said seniors are typically people who cannot leave their places of residence, and frequently cannot prepare proper meals for themselves, either. That's why Shnois Chaim is working on eventually launching a Meals on Wheels services in Kiryas

Joel, Moses Wertheimer tells the *Gazette*—because, he says, while getting out and socializing is therapeutic on so many levels, sometimes it's just not feasible.

"Our goal [in eventually] providing the Meals on Wheels program is twofold," Mr. Wertheimer says. "First for the seniors, with all the benefits mentioned, and secondly, for the Day Hab participants who help doing the shopping, preparation in the kitchen and delivering."

Running a Meals on Wheels program out of the kitchen of the Administrative Building, which also houses Hamaspik of Orange County's Day Hab program, will thus serve a dual purpose: Bringing Shnois Chaim to people who can't get out and about, and significantly reinforcing the seismic shift to person-centeredness and personal choice in serving people—as well as

opportunities for community socialization and integration.

Those "people" are the individuals benefiting from Hamaspik's Day Hab, who will be honing their own shopping, cooking/baking and meal-preparation skills as they execute the backroom work entailed in running a successful Meals on Wheels program, Wertheimer explains.

Elaborating further, the Executive Director remarks that the "Day Habbers" are already sharpening said skills within Shnois Chaim's existing program.

On a typical day that Shnois Chaim's operating, the individuals will handle money, compare prices, weigh produce and select items while shopping. They'll also cook, bake, clean and sanitize in a kitchen (not to mention later wrap, pack, store and otherwise organized food items).

What's more, they will set and wait on tables (and pick up on serving and etiquette skills), learning out to lay out tablecloths, properly place chinaware, and set down flower centerpieces—and all while engaging in socialization and other activities with Shnois Chaim's participants.

A special event

The occasional special event, like the July 2015 workshop by senior empowerment advocates Lawrence Force, Ph.D. and Jeffrey Kahana, Ph.D., both of Mount St. Mary College (MSMC), will educate Shnois Chaim participants on how to practically improve their lives.

At the latter event, for example, seniors came away significantly informed on how to make the most of doctor visits instead of being passive observers to their own personal health care.

It's perhaps no surprise, then, that early on in the program, Shnois Chaim scored high at its first official OFA inspection/visit. Ms. Maglione and nutrition program director Kevin Monaghan toured the program personally in late February of 2015, coming away impressed.

The program, which consumes several hours of each participating senior's day, is a veritable full-time concern for Director Landau: Arriving each morning well before seniors to plan and review each day, and ensuring that instructors, guest speakers and music leaders are coming.

"A lot of people very thankful and grateful for the daily opportunity to get out and do something," Mrs. Landau says, noting family members' appreciation. "It means a lot to them." ■

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Switzerland separates youngest conjoined twins

Swiss doctors have separated eight-day-old conjoined twin sisters fused at the liver and chest—the youngest ever successfully separated. Five surgeons, six anesthesiologists and two nurses carried out the successful, five-hour operation in December to separate the tiny identical twins, the *Le Matin Dimanche* weekly revealed in late January.

The babies were born at a Bern hospital in December 2015 along with a triplet sister. The conjoined twins were initially stable and doctors had planned to allow them to separate them after a few months. However, due to various conditions, the Geneva University Hospital team proceeded earlier.

The paper reported that the children have been recovering well since surgery, putting on weight and feeding normally. They join the roughly 200 separated conjoined twins currently living healthily around the globe.

More exercise ≠ more weight loss

A study by New York's very own City University found that adults engaging in the highest level of regular physical exercise burned no more calories than those doing moderate exercise.

The study, which had 332 adults ages 25 to 45 in five countries wear activity-recording devices for a week, suggests that the body develops a calorie-burning plateau no matter how often or how hard people exercise.

The study underscores that when it comes to weight loss, it is diet, not exercise, that makes the most difference—though exercise does enhance the benefits brought on by improved diet.

Students do better with no-seat classrooms

A Yale School of Nursing study finds that replacing traditional classroom desks and chairs with standing desks improved students' classroom behavior and physical activity levels.

Standing desks are designed for no seating, though some come with stools for sporadic sitting.

The study reflects the workplace trend of using standing-only workstations or even treadmill desks to counter the effects of the constant sitting linked in numerous studies to a raft of ills.

Decreasing sedentary time among children is a widespread goal for health promotion and obesity prevention efforts in children and adolescents, the study authors said.

Obesity rates among U.S. children aged six to 11 grew from seven percent in 1980 to nearly 18 percent in 2012. In Americans aged 12 to 19, obesity increased from five percent to 21 percent in the same time period, according to the CDC.

Fake cannabis research at NYU dental school

The New York University (NYU) College of Dentistry, the nation's largest and third-oldest dental school, is now researching the benefits of synthetic cannabinoids for oral cancer pain.

The school is using a five-year federal grant to investigate the new synthetic drug, which offers the benefits of natural cannabi-



noids (CBs) without their unhealthy and dangerous side effects.

Recent trials showed synthetic cannabinoids relieving the chronic inflammation and pain associated with oral cancer, the sixth most common cancer and said to be among the most painful of cancers.

Scientists find new schizophrenia clue

Growing brains in children and teens regularly shed weak or extra connections between nerve cells. This process is called *synaptic pruning*.

A 2007 study found that a protein called C4 is critical for normal synaptic pruning.

In adolescence and early adulthood, normal synaptic pruning happens mainly in the brain's *prefrontal cortex*. That area houses thinking and planning skills.

Science has also long known that people with schizophrenia have thinner prefrontal cortexes.

A new study of 64,000 people has now found that people with schizophrenia were also likelier to have an overactive form of C4.

The study suggests that too much C4 causes too much synaptic pruning, in turn causing the thinner prefrontal cortexes associated with schizophrenia—suggesting that too much C4 could be a factor in schizophrenia.

Schizophrenia is a mental illness characterized by delusional thinking and hallucinations. It affects over two million Americans. Current drugs only treat its symptoms, not its cause.

The study was published in *Nature*.

School water jets may help kids drop pounds

According to a recent study published in *JAMA Pediatrics*, putting "water jet" water dispensers in schools helps kids lose weight, by giving them accessible alternatives to milk and other drinks that contribute to overweight and obese kids.

The U.S. Centers for Disease Control (CDC) estimates that U.S. childhood obesity has more than doubled in children and quadrupled in adolescents in the past 30 years—reporting in 2012 alone that over one third of children and adolescents were overweight or obese.

Credit-card debt linked to kids' misbehavior

A data review by the University of Wisconsin-Madison of two studies found that parents with more unsecured debt reported more behavioral problems among their children.

The study, published Jan. 21 in *Pediatrics*, indicated that the stress created by owing money to credit cards, businesses, individuals, and medical caregivers trickles down to children.

Conversely, the research also indicated that parents with secured debt such as mortgages or school loans had lower risk of behavioral problems reported among children.

Seeing is reading success

It may seem obvious that kids who can't read can't succeed. But a scientific study has now demonstrated that farsighted little kids do worse in preschool literacy tests than those non-farsighted.

Researchers first divided 492 four- and five-year-olds into two groups, one with normal vision and the other with moderate *hyperopia* (farsightedness), which makes it difficult to read or clearly see things nearby. Both groups were then given the standard Test of Preschool Early Literacy (TOPEL).

The study found that the group with uncorrected farsightedness did significantly worse with the TOPEL, mostly in the print knowledge domain of the test, which assesses the ability to identify letters and written words.

In most children with hyperopia, the con-

dition is mild and has little impact on vision. A small number of preschool children have high hyperopia (more than 6 diopters) that is corrected with eyeglasses. It's estimated that four to 14 percent have moderate hyperopia, which often goes undiagnosed and untreated.

"These differences are meaningful because formal learning for many children begins in the preschool years," said lead researcher Marjean Taylor Kulp, O.D., M.S. of Ohio State University. "In addition, other research exploring the long-term effect of early deficits in literacy has shown them to be associated with future problems in learning to read and write. This makes early detection of these problems important."

New infection test could cut antibiotic use

In early tests, a prototype blood test was 87 percent accurate in telling if an infection was bacterial or viral in nature. The test is projected to eventually help doctors cut back on overuse of antibiotics, a phenomenon that has helped create strains of drug-resistant bacteria.

Most infections—especially the common respiratory infections like colds, pneumonia and bronchitis—are caused by viruses, not bacteria. However, about 75 percent of patients visiting doctors for respiratory infections are given antibiotics, even though antibiotics only fight bacteria, not viruses.

The experimental test, being developed by Duke University, was described in the Jan. 20 issue of *Science Translational Medicine*. ■

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PUBLIC HEALTH and POLICY NEWS

Healthcare passes Social Security for 1st time

In a report released January 25, the non-partisan Congressional Budget Office (CBO) said that in 2015, the U.S. federal government spent more on taxpayer-funded healthcare than on Social Security for the first time in its history.

In 2015, said the report, net federal spending on healthcare totaled \$936 billion compared with \$866 billion for Social Security.

According to the CBO, spending on federal healthcare programs—including Medicare, expanded Medicaid under the ACA, the increasingly subsidized healthcare plans of the ACA, and the Children’s Health Insurance Program—will increase by 11 percent in 2016 and will be a major reason why mandatory federal expenses will rise over the next decade.

The CBO report also says that enrollment in the ACA’s insurance exchanges will hover around 13 million in 2016.

Medical debt despite the ACA

A joint survey by *The New York Times* and the Kaiser Family Foundation, conducted in August of 2015 and released in January 2016, found that health insurance often leaves people struggling with medical bills.

The new survey found that “medical bills don’t just keep people from filling prescriptions and scheduling doctors’ visits,” but “also prompt deep financial and personal sacrifices” in housing, employment, credit and daily lives.

“The major impact is actually a pocket-book or economic impact: their ability to pay the rent or the mortgage or buy food,” said Kaiser Family Foundation president Drew Altman.

The data represents a sobering counterweight to the successes of the Affordable Care Act (ACA), which has helped reduce the number of uninsured Americans by an estimated 15 million since 2013.

However, the study—billed by the *Times* as “the first detailed study of Americans struggling with medical bills”—elaborates on the woes of still-spiraling out-of-pocket costs.

The bulk of those costs are *deductibles*, or initial payments required from members before insurers pay for care, and *co-pays*, the small fees for care visits and prescriptions that quickly add up.

Among the survey’s key findings:

- Of people struggling with medical bills, 39 percent were insured through work, 34 percent were uninsured, 14 had Medicaid or Medicare and seven percent bought their own insurance
- Roughly a quarter of Americans under 65, insured and uninsured, have medical-bill problems
- Roughly 20 percent of insured people still reported problems paying bills over the last year
- Of those, 63 percent said they used up all or most of their savings; 42 percent took on more work; 14 percent moved or took in roommates; and 11 percent turned to charity
- The Affordable Care Act’s new coverage options, especially for the poor, has led to a drop in financial stress from health problems because of its new options for getting coverage

Decades-old studies retracted

A study published in 1992 in *The Lancet*, one of modern medicine’s most respected journals, has now been retracted. The study by Ranjit Kumar Chandra, formerly of Memorial University of Newfoundland, claimed that his patented vitamins could improve memory in healthy elderly people. The retraction comes on the heels of an October 2015 retraction of another Chandra paper, this one originally published in the *British Medical Journal* (BMJ) in 1989.

According to non-profit group Retraction Watch, while there were roughly 35 retractions in 1995, the number rose to at least 400 by 2010. The group also says the current record-holder is a recent retraction of a paper that was originally published 80 years ago.

Medical retail still booming

The latest *Healthcare Marketplace* report by Colliers says that the retail real estate industry can expect a boost in medical office leasing in 2016, as clinics and urgent care centers fill vacancies left by closed brick-and-mortar stores in shopping centers.

According to Colliers, healthcare providers have been shifting outpatient care and minor medical issues for several years now to retail facilities. The existing facilities, and the care they provide, are less costly than operating expensive emergency departments.

Retail clinics are projected to nearly double from 1,418 in 2012 to 2,805 by 2017.

kidneys across a snow-blinded Manhattan, getting stuck on a hill only to be pushed up by a city sanitation vehicle. They dropped one kidney off at Presbyterian Hospital, then drove an ambulance 60 miles in blizzard whitout conditions to Long Island’s Stony Brook Hospital, where the second patient was waiting.

That patient had been driven from home 20 miles through the same blizzard by a paramedic in a hospital SUV, lights and sirens going. They arrived shortly after 4:00 p.m.—in time for the successful 3.5-hour transplant operation that followed.

Turns out that it takes a lot more than a blizzard to stop New Yorkers—especially when they’re saving lives.

Urgent call for tough-love parenting: new book

In a backhandedly upbeat new book entitled “The Collapse of Parenting,” veteran family doctor and psychologist Dr. Leonard Sax issues a clarion call for modern American parents to restore good-old-fashioned parenting values and morals.

Dr. Sax laments that American families are facing a crisis of authority, one in which well-meaning parents, themselves largely young and raised in affluence, unintentionally spoil their children.

According to Dr. Sax, too many U.S. kids are essentially in charge of parents today, emotionally and physically out of shape as a result, and unknowingly suffering from all that, too.

To whip families back into shape and restore the effective traditional role of parents as teachers and role models, Dr. Sax insists on the following:

- Don’t let kids choose—but do let them pick one of your two choices
- Confiscate electronics at night and ration them by day
- Send the message that family time is #1: Eat one meal with family every day
- No music in the car: Spend the time talking with your kids
- Teach kids humility: Praise them, but don’t bloat their egos
- Devote as much time as possible with kids, and enjoy it—don’t multitask
- Teach the meaning of life. “It cannot be just about getting a good job. It’s about who you are,” Dr. Sax told the *Associated Press*. “You must have an answer.” ■

New York delivers kidneys in blizzard

Two donated kidneys arrived on a Delta flight to New York City on Friday night, January 22, just as the snow began coming down. After overnight medical tests, the organs were cleared early Saturday morning for donation. Two New York recipients were notified.

A medical team in an SUV then transported the



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