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HEALTH ON THE HILL

CARRY THAT WEIGHT

Students live out of their backpacks during the school day. The pack is their scholastic life support system, filled with everything they need to get from first period English to the ride or walk home. While carrying a backpack that's the equivalent of a Swiss-Army knife may provide students with easy access to their stuff, evidence shows that all that weight can cause serious back problems and other physical stress-related ailments.

Most backpacks are designed with enough durability to carry a lot of weight, and that's part of the problem. Students have plenty of stuff to pack and aren't shy about cramming them to the verge of zipper malfunction. With more equipment and paraphernalia than astronauts

Fighting Back Against The Backpack Attack

needed to hop around the moon, backpacks can become health hazards. A lone text book can weight several pounds, and undersized students often lug several of them around at once. Add a few notebooks and clothing items, and a child is shouldering quite a load. Some students have lockers, but only a few minutes to scurry between classes. A trip to the locker to deposit or retrieve books may be out of the question. The only option is to carry everything at once.

According to KidsHealth for Parents,

some studies have shown that as many as 30 % to 50 % of 15 to 16-year-olds suffer from back pain, and improper use of backpacks may be one

Backpack Attack *cont. on page 4*



Skateboarding to Better Health

During the past few years, skateboarding has grown into one of the most popular youth activities in the United States.

Largely a product of the 1970s, skateboarding grew from the sunny sidewalks of southern California as youths cruised the curvy walls of dried up swimming pools. But its appeal dropped as kids found other ways to while away their recreation time. The activity has enjoyed a

resurgence thanks in part to high-profile stars like Tony Hawk performing mystifying moves and exposure from ESPN's XGames competitions.

Cities and towns across the country have warmed to providing designated skateboarding areas. Jungle-gyms are giving way to half-pipes and other obstacles on which skaters can polish their skills. Boston has plans for a \$1.1 million, 40,000 square-foot

skate park beneath the Zakim Bridge.

With a little push, it seems skateboarding could be an Olympic sport.

Skateboarding may get a bad rap as being little more than a diversion for shaggy-haired, trouble-making teens, but others say the health benefits should not be ignored. Sure, skateboarding carries with

Skateboarding *cont. on page 5*

Elder Abuse Hearing Begins Process of Finding Answers

Spurred by accounts of elder abuse in nursing homes and other elderly care facilities, the Joint Committee on Health Care this month held a special oversight hearing in Waltham to gather testimony on the issue from top state health care officials, elderly care advocates and family members of elderly care residents who have allegedly been victims of abuse and neglect.

Approximately 1.6 million people live in 17,000 licensed nursing homes. Additionally, there are 900,000 people in 45,000 residential care facilities nationwide. These people are among our most vulnerable citizens. They often require vigilant attention and have little voice to fight back with if they suffer from neglect or abuse.

“There are different types of elder abuse: physical abuse, emotional abuse, sexual abuse, neglect, abandonment and financial exploitation,” said House Health Committee Chairman Peter Koutoujian. “We want to discuss all of our involvement in creating a system that we are all a part of in preventing abuse in health

care settings.” Nearly a dozen public health officials, elderly care advocates and family members of alleged elderly abuse victims offered their testimony, including Paul Dryer from the Department of Public Health, James Wessler from the Alzheimer’s Association, Emily Meyer from the Massachusetts Assisted Living Facilities Association, and Kay Trudeau, a Waltham woman who said her sister is an elderly abuse victim.

The abuse of elderly persons is one of the most troubling aspects of health care. The National Center on Elder Abuse has been collecting data on the reports of domestic elder abuse since 1986. Since that time, reports of abuse has risen almost threefold, and many cases of abuse go unreported. In the same time span, nursing homes have been plagued with reports suggesting a widespread and serious maltreatment of residents, including abuse, neglect and theft of personal property. Much of what is known is based on individual stories because there has never been a systematic study of the prevalence of abuse. Part of the problem is that abuse comes in many

forms. Physical abuse is just part of it. Neglect is a more passive form of abuse, but can be just as damaging. Then there are cases of residents abusing other residents. A few cases of such abuse have been reported in elderly care facilities that house Alzheimer’s sufferers. These residents are at particular risk for abuse and neglect since many require assistance for daily activities. In fact, 40% of residential care facility residents have significant cognitive impairment such as Alzheimers.

A 1987 survey of nursing home staff members found that more than 36% had witnessed at least one incident of physical abuse during the preceding 12 months. Of that, 21% was excessive use of physical restraints, 17% was shoving, grabbing or pushing residents, 13% was slapping or hitting, 3% throwing something at the resident and 2% hitting the resident with a fist or other object. However, 81% of respondents reported observing at least one incident of verbal or psychological abuse during the same 12 month period. That was 1986. More recently, in 2001, the Minority Staff of the Special Investigations Division of the House Committee on Government Reform issued a report asserting that abuse of residents “is a major problem in U.S. nursing homes”. The report cited that nearly 1/3 of certified facilities had been cited for some type of abuse violation.

In addition to the fact that there is no comprehensive data or current data, another concern is existing systems to intake the data. In a recent study for CMS, researchers surveyed the state agencies administering Nurse Aide Registries. The states varied in their ability to provide data and in the operation of their systems from intake to investigation and resolution. Most states could not provide a breakdown of the complaints by type.



House Health Care Committee Chairman Peter Koutoujian and committee member Rep. Kathleen Teahan listen to testimony from Kay Trudeau of Waltham during the elderly abuse oversight hearing held this month at the Waltham Senior Center.

The Chairman's Corner

Commonwealth Notes

By Representative Peter J. Koutoujian



Health on the Hill: Coming to a TV near you

After nearly two years as a print publication, "Health on the Hill" is headed for the small screen this fall. "Health on the Hill", the television show, will feature many of the same articles in the twice-monthly publication you are reading now, but there will also be other features that are unique to the television version. The video series will feature interviews with health experts and officials, as well as "person on the street" interviews where we go out and see what the public thinks about different health projects. And like the print version of "Health on the Hill", the show will serve as a good venue for sharing what's happening with health issues in the Legislature and elsewhere.

Production of a television show is quite an undertaking, but one we feel will benefit viewers with insights into the Massachusetts Health Care system. We are in the midst of creating our first episode that we hope to air in September. We are planning segments on the new statewide workplace smoking ban as well as health care disparities among ethnic and racial minorities.

I encourage you to send us an email with suggestions for the series as we look to make this effort a multi-media production. Many of the topics we choose to write about are generated by readers' suggestions and we will regularly feature feature e-mail comments and suggestions.

The show will air on a series of local cable access stations in the Boston area, but we hope to broadcast to a wider audience in just a few months time, so be on the look out this fall for "Health on the Hill"

on your local community access cable station. Now that we have conquered the small screen, can the silver screen be far behind?

Elderly Abuse Oversight Hearing

I'd like to thank everyone who attended the elderly abuse oversight hearing the Joint Committee on Health Care held in Waltham earlier this month. Special thanks go to the officials, organizations and others who offered their testimony.

Elder abuse is one of the most disturbing aspects of health care. Hopefully, the hearing will serve as the first step toward gaining a better understanding of the abuse and what can be done to stop it.

We plan to take the testimony we gathered and use it to help shape policies and legislation that prevent abuse. Shortly after the hearing, I wrote a letter to House leadership encouraging passage of a bill the Senate passed that would increase fines if a person abuses, mistreats or neglects a medical patient or nursing home resident, or misappropriates a patient's or resident's property.

During my time as a prosecutor, I saw hundreds of cases of abuses against the elderly and disabled. From neglect to physical and emotional harm, the injuries to the individuals were cruel and unnecessary.

Red Cross and Red Sox

Want to hit a home run for the Ameri-

can Red Cross? Then head over to Fenway Park on Sept. 11 to donate blood. The Red Sox, Red Cross and Beth Israel Deaconess Medical Center hope to collect 200 pints at the event, which will be held in the .406 club (formerly the 600 Club) and the Red Sox Hall of Fame Club from 11 a.m. to 6 p.m.

Donors should be at least 17 years old, weight at least 110 pounds and be in generally good health. They should not have donated whole blood within the last 56 days and should not have received a tattoo in the past year.

Our office has worked with the Red Cross to promote blood drives at the State House and in fact, **the last blood drive at the State House on August 11th was our most successful to date.** We had 82 donors come through the door and we collected 72 units of useable blood. We could not have done it without you so I would like to thank everyone who helped make this drive our best one yet. Look forward to our next drive in the State House in October.

The American Red Cross Blood Services New England Region has served New England Hospitals for more than 50 years and supplies critical blood to more than 170 hospitals in Massachusetts, Maine, New Hampshire and Vermont.

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Sign up by e-mail:
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Backpack Attack *cont. from page 1*
of the major culprits.

The University of California Riverside and the Inland Empire Spine Center recently conducted a study of nearly 3,500 middle school students in two California counties. Their findings indicate that backpacks have grown too heavy in many cases. Sixty-four percent of students surveyed reported back pain, and 21 percent reported pain that lasted for six months. More than 41 percent said they felt pain while carrying their packs.

Heavy backpacks can be damaging even when they are worn properly. KidsHealth for Parents recommends that a pack weigh no more than 15 percent of a person's total weight. So, a child weighing 100 pounds should keep a backpack at no more than 15 pounds. The University of California

Riverside study found "that a significant number of middle-schoolers exceeded the 15-pound threshold. The backpacks weighed from half a pound to 37 pounds, with a mean average weight of 10.6 pounds. The ratio of backpack weight to student weight, expressed as a percentage, ranged from less than 1 percent to 43 percent. More than 40 percent of the students walked to and from school carrying their packs, but how students carried their packs did not seem to be significant."

Good packs are designed to evenly distribute their weight. The dual shoulder straps place weight on both shoulders while the waist diverts some of the tension to the abdominal. But the packs are often not worn properly. Students sometimes dangle the packs off one shoulder, which causes the spine to bend toward the

weight. A heavy pack can also cause a child to lean back or hunch forward to compensate for the weight.

An over-weighted pack can also force the straps to dig into the shoulders, interfering with circulation and the nervous system. Backpack Safety America contends that a pack is too heavy if it causes a person to lean pack or pitch forward.

Girls may be of more risk for backpack-related ailments because they generally weigh less than boys but are required to carry similar loads.

The real danger is that damage caused to children can become a chronic problem that lingers into adulthood. Parents should take notice if their child is experiencing back pain or numbness. These may be signs of backpack damage.

Backpack Tips

www.homeworktips.about.com offers the following tips when decided which bag to purchase at the start of the school year.

School backpacks come in a wide array of sizes, colours and fabrics. Know what minimum dimensions your pack must be before you go shopping (check your school supply list), but don't buy one too big for your body. Check to see that all zippers are working properly and that shoulder straps are wide and adjustable to distribute the weight you'll carry. After that, let your personal tastes decide.

For Older Students

Students in middle and high school need full size packs with enough room to easily carry their required books. Separate compartments make it easy to organize belongings and find them quickly. Backpacks for this age group must not be too big, however, or they won't fit into a school locker, or the

student might be tempted to overload them. Looks are very important to this age group.

For Younger Students

Elementary school students do not need the same size pack as older kids do, nor should they carry one. The length of their back is much smaller, so a full size pack will hang down below their hips making the pack uncomfortable to carry. Younger students also tend to like backpacks with brighter colours and with favourite characters or pictures on them.

Clear/See Through Packs

Many schools now require students to use only clear backpacks. This is a safety issue, resulting in lower incidences of weapons or drugs being brought to school. Currently clear backpacks are required by some schools in 35 states in the U.S. These packs are made of nylon or mesh, or a combination of the two, and come in different colours.

Dr. Stephen Weiniger, a chiropractor, offers the following tips for healthy backpack use on www.bodyzone.com.

Balance: The backpack should land in the middle of the back, never on a child's rear or below. Simply adjusting the bag's straps sends the load to the natural curvature of the back and helps balance the weight between the shoulders.

Take a load off: Most kids tend to be packrats. If parents don't peek over their shoulders once in a while, knick-knacks will accumulate. Make sure kids carry the minimum, with the heaviest items next to the back. As a general rule, kids should never carry a bag that weighs more than 15 percent of their body weight. Also, avoid bags that are too large for the child. Extra space is extra temptation.

Stand up straight: Grandma's mantra is true today, more than ever. Encourage kids to pull their pelvis in, their shoulders up and their heads high.

Skateboarding *cont. from page 1*

it the risk for serious physical injury, especially if skaters don't wear the proper protection.

According to CNN.com, skateboarding-related accidents accounted for 113,180 emergency room visits in 2002, or about a third of the bicycle injuries suffered by kids under age 15, and about half the number of injuries from playground equipment.

Skateboarding is viewed as good cardiovascular exercise because of its continuous motion.

Skateboarding safety tips from the National Safety Council

Skateboarding is a popular activity enjoyed by many young people. However, it's also an activity that causes many unintentional injuries.

According to the U.S. Consumer Product Safety Commission (CPSC), more than 15,600 persons need hospital emergency room treatment each year for injuries related to skateboarding. Fractures are a frequent type of injury. Deaths as a result of collisions with motor vehicles and from falls are also reported.

Irregular riding surfaces account for more than half of the skateboarding injuries caused by falls. Wrist injury is the number one injury, usually a sprain or a fracture. Skateboarders who have been skating for less than a week suffered one-third of the injuries. When experienced riders suffered injuries, it was usually from falls that were caused by rocks and other irregularities in the riding surface.

The National Safety Council offers these skateboarding tips:

Skateboard/protective gear

There are boards with varying characteristics for different types of riding; i.e., slalom, freestyle or speed. Some boards

Skateboarding to Better Health



are rated as to the weight of the intended user.

Protective equipment, such as closed, slip-resistant shoes, helmets and specially designed padding, may not fully protect skateboarders from fractures, but wearing it can reduce the number and severity of cuts and scrapes.

Padded jackets and shorts are available for skateboarders, as well as padding for hips, knees and elbows. Wrist braces and special skateboarding gloves also can help absorb the impact of a fall.

The protective equipment currently on the market is not subject to government performance standards so careful selection is necessary.

Look for proper helmet fit and a chin strap and notice whether the helmet blocks vision and hearing. If padding is too tight, it can restrict circulation and reduce the ability to move freely. Loose-fitting padding can slip off or slide out of position.

Tips for using a skateboard

1: Give your board a safety check each time before you ride.

2: Always wear safety gear.

3: Never ride in the street.

4: Obey the city laws. Observe traffic and areas where you can and cannot skate.

5: Never skate in crowds of non-skaters.

6: Only one person per skateboard.

7: Never hitch a ride from a car, bus, bicycle, etc.

8: Don't take chances. Complicated tricks require careful practice and a specially-designated area.

9: Learn to fall — practice falling on a soft surface or grass.

How to fall

1: Learn how to fall as it may help reduce the chances of a serious injury.

2: If you are losing your balance, crouch down on the skateboard so that you will not have as far to fall.

3: In a fall, the idea is to land on the fleshy parts of your body.

4: If you fall, try to roll rather than absorb the force with your arms.

5: Even though it may be difficult during a fall, try to relax your body, rather than go stiff.

News Summaries



Antitrust Lawsuit Over Medical Residency System Is Dismissed- New York Times- August 14, 2004

The federal district court recently dismissed an antitrust lawsuit alleging medical residents are forced to participate in a system that ensures they work long hours for low wages. The lawsuit was directed toward the National Resident Matching Program, a private, non-profit corporation in Washington, operating the "Match", a system that pairs graduating medical students to slots in residency programs. Residency program applicants and hospitals rank one another each year and a computer system maintained by the National Resident Matching Program then matches the students to slots. The law suit claims the Match bypasses a normal job negotiation process, negatively affecting wages and working conditions.

The director of the matching program found the lawsuit to be distracting to business and is anxious to turn full attention back to the work of the corporation. The plaintiffs, three doctors who recently completed the residency program, say they will appeal the ruling or file new claims in the case. The National Resident Matching Program raised their fees to compensate for the \$3.5 million in legal fees spent on the case.

Universal Health Clinic Opened on Vineyard- Boston Globe- August 13, 2004

The first rural health clinic for low-income and uninsured individuals has now been opened in Martha's Vineyard to deal with one of the most crucial health care issues for Martha's Vineyard and the Commonwealth. The 16,000 year-round resi-

dents on the island are three times more likely to be uninsured than all other Massachusetts residents, despite the island's wealthy image. There are only seven primary care physicians on the island so many insured and uninsured individuals wait a long time for a routine appointment.

The clinic has been a result of the work done for universal health care by an ambitious nonprofit group in New England, Island Health Inc. By starting the clinic, Island Health Inc. is hoping to offer discounted insurance this fall to low and moderate income families, helping thousands of people get medical attention as they need it. The organization was awarded a \$500,000 federal grant to hire a six-person medical staff for the clinic. This money will help provide medical attention to anyone on the island and free care for low-income residents. The state will also contribute \$300,000 the first year of the clinic to subsidize the resident's premiums.

FDA Study Confirms Antidepressant Risks- Washington Post- August 10, 2004

The Food and Drug Administration is waiting until a meeting scheduled for September to discuss their data that antidepressant medications are associated with an increased risk of suicide among children. Nine months after an internal finding of increased suicide risk linked to antidepressant use in children, the FDA found a second analysis to report the same findings. British authorities warned physicians not to prescribe Paxil, Zoloft or Celexa and similar drugs to children showing signs of depression nine months ago. Despite pressure from Congress, the FDA has opted not to release the reports of their data until September.

After reviewing the analysis done by the FDA, Steven Hyman, former director of the National Institute of Mental Health, stated his concern about the risk-benefit

ratio of antidepressants in children. He originally was skeptical of the warnings made by British officials but now feels the analysis is clearly concerning, with the exception of Prozac. A spokeswoman for the FDA, Kathleen Quinn, indicated that the agency is still reviewing the data and finds it premature to discuss any conclusions and results.

Hospital Emergency Departments Treat Increased Number of Uninsured Patients, Report Finds- Kaiser Daily Health Policy Report- August 10, 2004

According to a report by the National Association of Community Health Centers, uninsured patients are "flooding" U.S. hospital emergency departments and seeking routine care more appropriately provided in other medical settings. In 2002, the number of visits to the ER increased 110.2 million in 2002 from 89.8 million in 1998. While the number of routine visits at emergency departments are increasing, the number of operational emergency departments decreased by 15% over the same time frame. The report was made up of data submitted to Health and Human Resources from approximately 1,000 federally funded community health centers in the United States. In 2003, the number of uninsured patients who received emergency care at the health centers increased by 11%. Some centers report that 73% of their patients are without health insurance. The report attributes these increases to a decrease in the number of physicians accepting patients with Medicaid, a weakened economy and state budget cuts.

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