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If they won't come to the clinic...

Adolescents are the most medically underserved age group in the population. Some teenagers hate being treated by a pediatrician whose waiting room is full of toddlers and small children. Some believe that everything they say to the family doctor will be repeated to their parents. Others don't have a doctor or any way to pay for care, and many just don't see why they should bother making or keeping an appointment when they feel OK.

As a result, most teenagers use health services only when they are injured or very sick. This kind of episodic contact makes comprehensive health care impossible. Nevertheless, school-based health centers have proven that it is possible to get teenagers to use health care services routinely. Massachusetts now has ten such clinics, thanks to the Boston School Committee's recent decision to open the city's first two next fall. With funding support from DPH, these centers can provide comprehensive adolescent health services that combine health promotion with medical treatment.

"Location is key," says Judy Gorbach, Director of Adolescent Health Services, explaining just one of the reasons why the same teenagers who avoid doctor's appointments will flock to school-based health centers. Howard Spivak, Deputy Commissioner for Health Promotion, agrees that one solution to the problem of adolescents who won't seek out health care is bringing the care to them.

The Department requires all DPH-supported centers to provide comprehensive health and counseling services, including space for other community agencies such as mental health or drug and alcohol abuse agencies. By incorporating such a variety, school-based health centers can provide a broad range of vital services such as acute care, management of chronic medical problems, immunizations, physical exams, psychological counseling, nutrition counseling, and prenatal care.

"Adolescence is a time of major growth and adjustment to changes," Gorbach added. "This stage of development offers an ideal opportunity for a sensitive ear and a talented diagnostician." During adolescence, teenagers begin making the decisions that will determine their eating, exercise, drinking, drug use, and sexual habits during adulthood. They need reliable information from knowledgeable, nonjudgemental sources if they are to make sound decisions and form good health habits. To make sure teenagers get the information they need, the Department also requires the centers to develop coordinated health education programs.

Although the requirements are standard, no two school-based health centers in Massachusetts are the same. Each has developed a unique combination of services based on local needs and resources. Holyoke High School's Teen Clinic, for example, was the first in the state and boasts a broad range of services provided at the school by local organizations. The Clinic's medical and counseling staff work closely with the school's Health Department to ensure a comprehensive approach to health education, including a year-long,

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Cushing to rebuild

The project to replace Cushing Hospital's outdated buildings with a state-of-the-art facility is proceeding on schedule. The bill establishing this project, the result of collaboration between the public and private sectors, was approved by the Legislature and signed by Governor Dukakis in 1988. The two-year feasibility study is now complete and the Division of Capital Planning and Operations (DCPO) has advertised for architects.



Interdisciplinary team discusses patient care with Head Nurse Mary Brasier, R.N.C., the team leader.

"Many major architectural firms, both local and international, have submitted applications to the Design Selection Board," reported Tim Popejoy, senior study manager for DCPO's Office of Programming. "This final design process is on a fast track." The architectural firm chosen in the next few weeks will have nine months to complete the design.

Ground-breaking is scheduled for the

continued on page 3

Grow old along with me

*Grow old along with me!
The best is yet to be,
The last of life, for which
the first was made....*

For many elderly, these lines from Robert Browning's *Rabbi Ben Ezra* have a hollow sound. The "best" has escaped them. To help the growing population of elderly in the Commonwealth live fuller, healthier, happier lives, the Department created the Division of Elderly Health in October 1988.

Alan Balsam, who has worked with the elderly for many years, heads the new division. According to Balsam, the main objectives of the Division of Elderly Health are, first, to be an integrating force on elder health issues, and second, to strengthen the Department's presence in the community of Massachusetts elders.

Despite its newness, the Division has responded quickly to the challenges facing the Department and other agencies working with the elderly. One example is the osteoporosis education campaign, which was launched on

Mother's Day. Osteoporosis is a weakening of the bones that all too often causes fractures in older women. In cooperation with Tufts Medical School, the Division developed a brochure and poster that explain the problem and what women can do to keep their bones strong.



Alan Balsam, Ph.D., Director of the Division of Elderly Health.

These materials will be distributed through senior citizen centers all across the state.

Two other health education projects were also launched in May to celebrate Older Americans Month. Elder Health Alert, a joint project of the Division and the American Association of Retired Persons

(AARP), is a semiannual publication with health tips and information for the state's older residents. The first issue of the Alert, which explains how people over 50 can keep themselves physically fit, includes instructions for warm-up stretches and general exercise tips.

Project Elder Med is a collaborative effort with the Statewide Comprehensive Injury Prevention Program (SCIPP) and the Massachusetts Poison Center. This educational campaign focuses on medication mistakes and misuse by elders, a greater problem than previously recognized. Many of the state's older residents are being treated with so many different medications — often prescribed by several different doctors — that drug interactions and pill mix-ups become likely. Project Elder Med is tackling these problems by distributing a large-print educational brochure, a "passport" for keeping track of both prescription and over-the-counter medications, and a medication calendar designed to work as both a schedule and a reminder.

Balsam's dual background in nutrition and elder services uniquely suits him to his current position. He holds Master's degrees in Nutrition and Public Health as well as a Ph.D. in Nutrition. Before joining the Department, Balsam worked at Somerville-Cambridge Elder Services for eight years. His experience helped the Division obtain a fellowship from the University of Massachusetts Gerontology Program for an elders' luncheon club project. This innovative program works with people in their own homes or in the common rooms of apartment complexes for the elderly to make sure they get nutritious meals. The Division and the Veterans Administration jointly sponsor nine luncheon clubs in eastern Massachusetts for elderly veterans, a group usually difficult to reach.

The Division is currently working on a pilot flu project funded by Medicare. The purpose of this project is to increase the number of elderly residents of Essex County who get flu vaccinations each year, with the ultimate goal of reducing flu-caused pneumonia and death among this population.

clinic (continued)

sophomore-level course. In Cambridge, the school-based clinic is a neighborhood health center located on school grounds that is accessible from both the school and the street. This model was developed to provide care for adolescents both during and after school hours, whether they are students or not.

Parents are very supportive of the school-based health centers that are already up and running. They know that if their children are injured or get sick while in school, they can be treated immediately. Parents no longer have to nag their teenagers about making or keeping medical appointments, so many conditions can be discovered and treated earlier than they would otherwise be. In fact, every one of the school-based health centers now operating in Massachusetts has discovered previously undiagnosed problems, including diabetes, heart murmurs and depression.

"A great many teenagers today have health care needs that aren't being met, and as a result are not coming close to reaching their maximum potential," said Deputy Commissioner Spivak. "The costs of this to all of us are enormous in both economic and human terms.

"School-based health care is one important mechanism for beginning to address the health problems of teenagers in a comprehensive manner. In the school-based clinic, a unique mix of health promotion and problem prevention can be effectively combined with medical care, in a setting that offers sensitivity to adolescents' developmental needs and respect for confidentiality. Although school-based health care is not a cure-all, there is growing evidence that this type of program can contribute to helping young people in a significant way."



Cushing (continued)

spring of 1990 and occupancy targeted for 1993.

"The support we've had throughout is a credit to the excellent staff and the great work they do for our patients in this antiquated plant," said Peter Kastner, interim superintendent of Cushing Hospital in Framingham. "Community leaders from both the public and private sectors recommended rebuilding." Cushing was originally built in 1943, with a 20-year life expectancy, and has seen many renovations since then. This former Army and VA hospital began providing chronic care for the elderly in 1957 and became one of the DPH hospitals in 1984.

"The Task Force appointed by Human Services Secretary Philip Johnston provided an unusual opportunity to assess the future of Cushing," said Jack Gracey, Assistant Commissioner for Hospitals and former Cushing superintendent. Task Force members included over 20 community leaders, Senator Edward Burke, Representatives Barbara Gray, David Magnani and Joseph Connelly, and hospital trustee chairman Dwight Scandrett.

The Task Force used projected population and demographic data to analyze the state's need for a new facility for the elderly. The group concluded that both the region and the state needed a multi-level, comprehensive geriatric care center to provide a full spectrum of medical, social, community, residential and primary care for the state's elderly. The center could also provide a location for much-needed research and training in geriatric services.

The new 266-bed Massachusetts Geriatric Care Center will include 60 chronic disease beds; of those, 20 will be reserved for rehabilitation and six for respite care. The Center will also maintain a supportive relationship with 50 residents of elderly housing to be located on the grounds. Very frail elderly who need intensive nursing care, residents from mental health or mental retardation facilities, and patients in acute care hospitals who are waiting for space in long-term care facilities will be targeted for Center services.

"Cushing has a well-established

tradition of providing top-quality care," Kastner emphasized. "Over the years we have developed working partnerships with a myriad of agencies, senior centers, educational institutions, family members and others from all walks of life. It makes a difference; people came through with major support for the project," he added, referring to over 1,000 letters supporting the project that were forwarded to the Ways and Means Committees of both House and Senate after public hearings and news stories on the project.

Cushing currently provides a broad range of medical, rehabilitative and social services for over 260 inpatients. "Our interdisciplinary team approach is a key factor in bringing quality services to the residents," said Mary Brasier, a head nurse at Cushing who leads the team on her unit. Staff also provide outpatient services through

free health clinics in senior centers, congregate housing and other convenient locations. Denture repair and a unique orthotics service are provided at the hospital, thanks to Title III B funds provided through Baypath Senior Citizens Services (which has its office within the Cushing complex). An adult day health center and a child day care center opened at Cushing in 1982 and 1986, respectively. A model Alzheimer's Unit, the first of its kind in the state, also opened in 1986.

"The Department can be proud of the work being done at Cushing Hospital," Commissioner Prothrow-Stith commented. "We're excited about the ground-breaking scheduled for next spring. This project's development is a credit to the many people working cooperatively on behalf of the elderly in Massachusetts."

A



Chief of Staff John Auerbach's office a few weeks ago, shortly after the window was destroyed by high winds. Several staff members were in the office at the time; fortunately, no one was seriously hurt.

inside dph

PRIT

The Pension Reserves Investment Trust (PRIT) Fund is the investment portfolio for the assets of members of the state and local retirement systems. The PRIT Fund was created on October 1, 1984, by Chapter 661 of the Acts of 1983. The same legislation also created the Pension Reserves Investment Management (PRIM) Board to assume responsibility for investing and reinvesting the PRIT Fund assets.

Since the PRIT Fund began, it has grown to over \$2 billion. Most of the PRIT Fund's assets (89.2%) belong to the State Employees' and Teachers' Retirement System; the remaining assets belong to participating municipal retirement systems.

Last year's rate of return for the Fund was 13.4%. If you have any questions about pension reserve fund assets, please call Ralph White, Elected PRIM Board member, at (617) 723-7283.

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by the way

Unit 9 info

On May 1, 1989, the Department of Personnel Administration approved Unit 9 job specifications. Unit 9 members who believe they have been misclassified can now appeal their job titles. For further information, please contact Anne Wakefield, Classification Specialist, at (617) 727-2650.

Shattuck news

The Lemuel Shattuck Hospital recently received its three-year accreditation from the Joint Commission on Accreditation of Health Care Organizations. Congratulations!

A (5-) grand birthday

Ken Bragg, Director of Facilities at Lemuel Shattuck Hospital, never expected his 42nd birthday to be worth \$5,000. But at an early surprise party at the Dedham Hilton, Ken found out just how generous his friends and associates could be. Their generosity was prompted by Ken's fight with leukemia that began in April 1988. The money raised at the party will help fund both cancer research and medical care for other leukemia patients. Ken is now in remission and we all wish him a very happy and healthy birthday.

Window watch

Now that spring has finally arrived at 150 Tremont, Central Services asks that you make sure any windows near your desk are securely closed at the end of the day. Windows have been blown open by overnight spring rainstorms more than once in the past few years. Anyone who has been through it can tell you: finding your rainsoaked work strewn across the floor in the morning is no fun at all.

1% cash back

Metropolitan Credit Union members can get 1% cash back on any used car or truck loan up to \$40,000. For example, if you borrow \$15,000, Metropolitan will give you a check for \$150. You can use your 1% cash back to help pay for car insurance, gas, a

new stereo, or whatever you want. As soon as you close the loan, it's money in your pocket. To apply for a used car or truck loan, simply call or visit any of Metropolitan's offices:
Burlington, 120 Cambridge St.
(617) 229-2622
Chelsea, 372 Washington Ave.
(617) 884-7200
Framingham, 855 Worcester Rd. (Rte. 9)
(508) 620-8922
Lawrence, 215 South Broadway
(508) 687-7968
Peabody, 68 Main St.
(508) 532-0120
Winthrop, 5 Michael's Mall
(617) 846-9345

Thank you

The Massachusetts State Employees' Blood Program (MSEBP) would like to thank all the employees from the Mass. Center for Disease Control, Division of Food and Drugs, and Childhood Lead Poisoning Prevention Program for their generous blood donations to the MSEBP's Bloodmobile. There were too many donors to list them all, but every donation is truly appreciated by the people in need.

Calendar

May 26

Deadline for filing applications for the following Civil Service exams:
Day Care Services Specialist I
Dental Hygienist
Dentist
Pharmacist I
Physician I
Service Coordinator I & II

June 2

Deadline for filing applications for the following Civil Service exams:
Power Plant Engineer
(1st, 2nd & 3rd Class)
All of the above exams are for state service positions; each requires a \$20 examination fee. For more information on Civil Service exams, please call the Department of Personnel Administration's Exam Bureau at (617) 727-7579.

June 2

"The VA, the Community, and the Aging Veteran," a day-long conference at the Federal Reserve Bank of Boston, 600 Atlantic Avenue. Speakers include DPH Commissioner Deborah Prothrow-Stith, Elder Affairs Commissioner Paul Lanzikos, DPH Elderly Health Division Director Alan Balsam, and Ed O'Donnell from the VA's central office in Washington. The conference is sponsored by the Boston VA Medical Center and cosponsored by DPH and the Massachusetts Association of Older Americans. Registration begins at 9 am; nursing, social work, and nursing home administrator CEUs have been applied for.

June 13

Free workshop on playground safety presented by the Statewide Comprehensive Injury Prevention Program (SCIPP), 1 - 4 pm in the Public Health Council Room. For more information contact SCIPP at (617) 727-1246.

June 16

Deadline for filing applications for the following Civil Service exam:

Health Care Facility Inspector I
This exam is for state service positions and requires a \$20 examination fee. For more information on Civil Service exams, please call the Department of Personnel Administration's Exam Bureau at (617) 727-7579.



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