



PSU Paws For Health
Fall 2014



Middletown
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About PSU Paws For Health

PSU Paws For Health is a collaboration between the Middletown Public Library and Penn State Harrisburg Health Education Graduate Program. Throughout the fall 2014 semester, students enrolled in the HLHED 552 - Current Health Issues course researched several timely health issues to discuss with the public in an effort to provide user friendly health information and education to residents within the Central Pennsylvania community.

The public has been to visit the Middletown Library to discuss these current health issues with representatives from the Penn State Harrisburg Health Education Graduate Program and check out resources from the library's collection which may help guide them in living healthier lives.

For more information about any of the current health issues discussed or the Penn State Harrisburg Health Education Graduate Program, please contact Dr. Weston Kensinger using the information in the bottom left corner of this page.

OBAMACARE FAQ

November 2014*

Written by: Jenna Hollingsworth and Michelle Ulishney



Health Insurance After the Affordable Care Act (ACA)

Pre-Existing Conditions

For plans starting after January 2014, insurance companies can no longer deny you coverage or charge you more because of a health problem you had before you had insurance.

Preventative Care

Under the ACA you and your family may be eligible for some important preventative care at no additional cost like:

- Blood pressure and diabetes tests
- Mammograms and colonoscopies
- Well baby and child visits from birth to 21 years old
- Routine vaccinations
- Weight loss and healthy eating counseling

And much more!

Young Adult Coverage

If your plan covers children, you can add or keep your children on your health insurance policy until they are 26 even if they:

- Get married
- Don't live with you
- Attend school
- Are not financially dependent
- Can get insurance from their employer

Lifetime and Annual Limits

The ACA no longer allows insurance plans to put a limit on the dollar amount of benefits you use over your lifetime.

Most insurance plans can't limit the amount of money you use ever year now, either.

* The information in this article is accurate as of this date. The ACA is a constantly changing bill, so all information should be double checked.



Open Enrollment 2014

Apply for 2015 coverage for you and your family through the Health Insurance Market Place:

November 15 - December 31 2014



www.healthcare.gov



1-800-318-2596

Access to the Affordable Care Act

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The Affordable Care Act (ACA) otherwise known as Obamacare was designed to help those without health insurance get affordable coverage. Unfortunately when the time came to sign up for health insurance on the Federal Health Insurance Marketplace many found out that it was not so easy to shop for health insurance on the internet. People found very quickly that it was difficult to navigate the website, when they were able to get on, that is. In addition, the average person had no idea on what types of plans were available or how to read the information on how to understand the health insurance plans available on the exchange. In essence this new health insurance exchanges had been marketed so poorly that many individuals became frustrated and gave up.

Individuals and families will receive money to help them afford the monthly premium up to 8% or \$6350.00 of their budget for individuals and up to 8% or 10,400.00 for families (250-300% of the federal poverty line).

Open enrollment is beginning again soon for health insurance plans on the marketplace with major improvements, but you still might want more information. If that's the case, HHS.gov/HealthCare is the place to go, this website lets you input your demographic and income information to help determine which health plans you are eligible for and then gives a price to let you know what your monthly premium will be

Middletown Community Resources



If you need more help understanding the ACA or using the Marketplace, check out these helpful links

Find Local Help

www.localhelp.healthcare.gov

PA Department of Public Welfare

www.dpw.state.pa.us/affordablecareact/index.htm

Patient Navigators

www.pachc.com

PA Insurance Guide

www.pahealthoptions.com/

PA Health Insurance Marketplace

www.guides.nlm.gov/content.php?pid=488916&sid=4093139

Top 3 Questions about the ACA

What is the health insurance Marketplace?

A: The Marketplace was created to provide a more organized and competitive market for individuals, families and small businesses to buy health insurance.

Subsidies for premiums and cost sharing are available based on income. You can even find out if you qualify for Medicare or CHIP.

I'm uninsured, am I required to get health insurance?

A: Everyone is required to have health insurance or else pay a tax penalty unless they qualify for an exemption.

I work full time for a large employer. Do they have to offer me health care benefits?

A: Your employer is not required to offer you health benefits. However, starting next year they may be liable for a tax penalty.

If your employer doesn't offer health benefits you can apply for coverage through the market place.

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- 2 Get Health Insurance Answers from Healthcare.gov Marketplace. (n.d.). Retrieved from <https://www.healthcare.gov/get-answers/>
- 3 Health Reform FAQs. (n.d.). Retrieved from <http://kff.org/health-reform/faq/health-reform-frequently-asked-questions/>

Addiction is it a Brain Disease or a Personal Choice?

By Sherrie LaPorta and Aida Maiga



How many of us know or have heard a friend, family, acquaintance, or maybe even ourselves say these words “My son John died at the age of 28 after a three-to four-year-long addiction to Vicodin that I didn’t even notice he had, even though he lived with me during that time. He was a very high-functioning addict.”¹ This scenario unfortunately happens more than we liked to think. Addiction affects over 23.5 million in the United States (US) alone.¹

Addiction facts

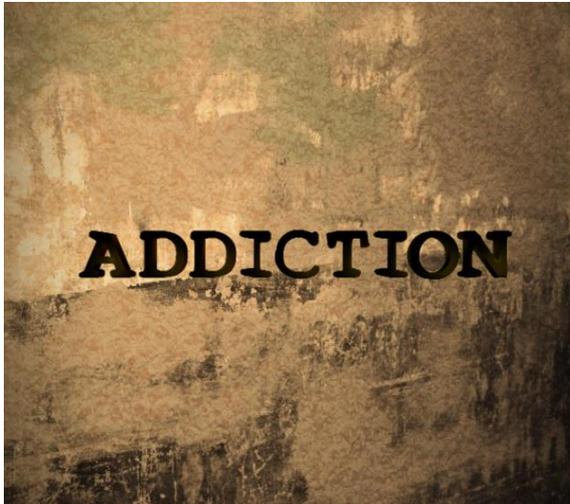
Addiction to alcohol, nicotine, illicit and prescription drugs cost Americans more than \$700 billion a year in increased health costs, crime, and lost productivity.² Illicit, prescription drugs and alcohol contribute to more than 90,000 deaths a year.² In PA alone we have the 14th highest drug overdose mortality rate in the US.³ Abuse of drugs has quickly become a top public health concern.³ Abuse of these substances causes harm and

suffering to many people including, loved ones, babies, adolescents, adults, and parents. Many of us may know a loved one, co-worker, friend, or acquaintances that suffers from addiction.

What causes addiction?

Our brains are wired to incite us to repeat activities that provide us with pleasure and reward. Drug such as alcohol, illicit and prescriptions drugs target the brains reward system by flooding the circuit with dopamine. Dopamine is a neurotransmitter that regulates, movement, emotion, motivation, and feelings of pleasure. Certain drugs can actually cause the release of 2 to 10 times the amount of dopamine that natural rewards such as eating, sex, and exercise do. This overstimulation of our pleasure centers causes many of lives’ normal pleasurable activities to pale in comparison to the pleasure of the drug. In turn this causes the addicted person to feel empty, lifeless and depressed without his or her drug of choice. As the individual builds a tolerance to the drug of choice, he or she needs to keep taking drugs just to feel normal. This creates a vicious cycle for the addicted person. They now need more and more of the drug to produce the same dopamine high.

Addiction is it a Brain Disease or a Personal Choice?



Is Addiction a Brain Disease or Are People Responsible for their Addiction?

There has been much debate over this subject. One side argues that the chronic use of addictive drugs “highjacks” the brain of addicted individuals so that they are driven to use drugs.² Other neuroscientist and clinicians argue that although an addict’s judgment may be impaired because of the biological and physical sensations and craving, addicts still have a free choice, in whether they choose to take the drug or not.

According Penn State Harrisburg’s Director of counseling, Steve Backles, Ph.D. “Substance abuse should be viewed on a continuum, addiction has a strong biological component, nonetheless, some free will does exist”. The answer to this question seems to lie somewhere between each end of the continuum.

Treatment options Resources for those who are Addicted?

Fortunately, today there are many treatment options and resources for those who suffer from addiction. Penn State Harrisburg Drug and Alcohol counselor, Carl Asick, recommends a combination of treatments that is specific for each individual after an assessment. Each person suffering from addiction may have very different needs and behaviors that need to be addressed. There are many drug and alcohol counselors available. A good resource to find a D&A counselor is the Internet or a mental health professional⁶ There are also many group support systems available to those addicted and to his or her loved ones. Local groups provide regular meetings and support for both the addicted and his or her loved ones.⁵ There are many local inpatient and outpatient treatment centers also available for those who need more intensive care.⁶ Many of these programs offer family counseling and encourage family participation as part of recovery.

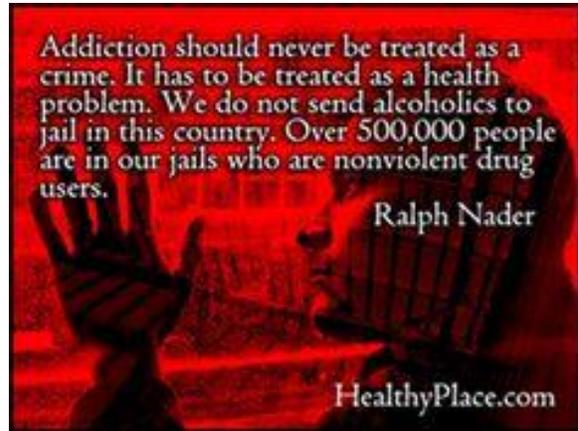
What can I do to help support someone with an addiction?

The best thing you can do to help someone who suffers with addiction is to encourage he or she to seek treatment. It is important to support the person without enabling them to continue in their addiction. Many programs offer support for the friends and family member of those suffering from addiction.⁵ These resources are

Addiction is it a Brain Disease or a Personal Choice?

important because they teach family member and friends how to take care of themselves when dealing with an addicted person. Seek counseling if it is more than you or your family can handle.

¹Parentship for Drug-free-kids²NIDA³TFAH⁴Resource section⁵AA & NA⁶Gaudenzia, Mazzitti & Sullivan, New Insights, and White Deer Run



Resources

AA

www.aa.org

Addiction Recovery

www.recovery.org

Gaudenzia

www.gaudenzia.org

Mazzitti & Sullivan

www.mazzittiandsullivan.com

New Insights

SAMHSA

www.samhsa.gov

New Insights

www.go2newinsights.com

The Center or Alcohol and Drug

Resources

www.tcadr.org

White Deer Run

www.whitedeerrun.crchealth.com

Infants Corner

ADDRESSING QUESTIONS REGARDING BREAST-
FEEDING



Helping maximize your child's
health



What do I need to know if I breastfeed?

Congratulations, you are about to make one of the most important decisions in you and your infant's lives, deciding how to feed your baby. Breastfeeding has many advantages, and is a natural skill you and your baby will learn together. Although you may be nervous or unsure about how to breastfeed, there is support and resources to help you succeed.

Q: Why would you choose to breastfeed?

Breastfeeding is natural and promotes bonding with your baby. There are health benefits for mom and baby. Baby will be at a decreased risk for respiratory infections, ear infections, diabetes, asthma and may reduce the risk of Sudden Infant Death Syndrome (SIDS)¹. Breast milk is easily digested. Children who are breastfed may have better weight control and higher IQ¹. Mothers may experience a quicker return to pre-pregnancy weight when breastfeeding. There is a reduced risk of breast, uterine, and ovarian cancer in mothers whom breastfeed¹.

Q: What are the cost benefits?

Breastfeeding is essentially free aside from additional nutritional needs such as storage for breast milk and breast pumps (which are often supplied by hospitals or insurance companies). Formula, on the other hand, is said to average about \$2,000 within the child's first year; once again excluding nutritional supplies³. This average cost is estimated in the event that an ounce of formula is anywhere between \$0.07 and \$0.31. However depending on the brand of formula and whether it's powder, concentrate or ready to feed, formula costs can range from \$1,500.00-\$3,000.00 a year³.



Q: Should it hurt when I breastfeed?

Nipple pain or discomfort is common with the initial latch but should resolve as the baby pulls more breast tissue into his mouth and is sucking rhythmically (about 20-30 seconds). If after 30 seconds you continue to feel discomfort, check the positioning of baby³. You may need to break the seal and reposition for a better latch.

Q: When do I start to breastfeed?

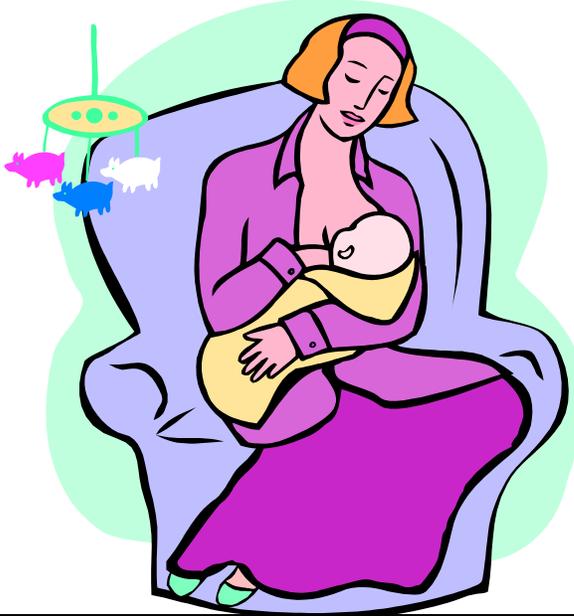
You will start to breastfeed within the first hour after you deliver¹. Your body has specially made colostrum that is high in protein and antibodies that help your infant fight germs and illness¹. Around day 3 to 4, after you deliver, you will feel your breasts becoming fuller as your breast milk supply increases.

Q: How do I get the baby to latch on?

Choose a position that works best for you. Bring the baby to you and avoid leaning over to the baby to prevent back strains. Hold your breast like you are holding a sandwich. Tilt your baby's head back slightly and tickle his lips with your nipple. As the baby opens his or her mouth you should pull the baby onto your breast, chin first. Remember that the baby needs to take the entire nipple and about 1 ½ inches of the areola into his/her mouth to be fully latched onto your breast³.

Q: How do I know if my baby is hungry?

Don't wait until your baby cries to feed him/her³. The baby will give you little signals to let you know he/she is hungry. A baby will move his/her head side to side and open their mouth². He/she may suck on his/her hands or fists and pucker his lips to try to suck². When holding your baby, he/she may turn towards your breast as if looking to eat.



Q: How do I know my baby is getting enough to eat?

Since breasts do not have a gauge to tell us empty or full, we will need to look to the baby to let us know if the baby is getting enough to eat. The baby should be alert and content and gaining weight at a steady rate². Also, the baby will be breastfeed eight or more times in 24 hours and you hear swallowing while feeding¹. You should be changing six to eight wet diapers a day and messy diapers often². You should call your baby's doctors if you have any concerns with his/her eating.

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2. Center for Disease Control and Prevention. (2014, September 2). *Breastfeeding*. Retrieved from www.cdc.gov/breastfeeding
3. State of New Jersey Parent Link. (2014). *Breastfeeding Support*. Retrieved from <http://www.nj.gov/njparentlink/health/breastfeeding/>

RESOURCES

Penn State Hershey
Breastfeeding Resource
Line
717-531-3754

PinnacleHealth
Lactation Services
717-782-5372

Healthy Baby Line
1-800-986-2229

Pennsylvania WIC
1-888-278-6455
www.pawic.com

Womenshealth.gov
1-800-994-9662
www.womenshealth.gov

La Leche League
1-800-525-3243
www.llli.org

Online Resources
Breastfeeding Online
www.breastfeedingonline.com

Kelly Mom
www.kellymom.com

The Bump (from Tie the Knot)
www.breastfeeding.com

WHAT IS DEPRESSION?

By Katie Kugler and Serena Bolinger



Have you ever woken up feeling sad, helpless, hopeless, irritable and just didn't want to get out of bed? If so, you might be depressed.

Depression is a condition that is caused by changes in brain chemistry and may run in families. In addition, depression can be caused by an event in your life such as a death in the family or divorce. In some cases, there is no specific cause for depression that can be found.

In the United States about almost 1 in 10 adults in the United States will be diagnosed with depression accounting for 18.8 million people. People who are most at risk for having depression are people 45-64 years old, women, unemployed people, Hispanics, blacks and people of more than one race, people with less than a high school education, divorced people and people without insurance².

People who have depression are more likely to miss work or not do their job well costing over 17 billion dollars per year and 200 million missed work days per year³.

“There is no point treating a depressed person as though she were just feeling sad, saying, 'There now, hang on, you'll get over it.' Sadness is more or less like a head cold- with patience, it passes. Depression is like cancer.”

~ Barbara Kingsolver, The Bean Trees

MYTHS ABOUT DEPRESSION¹

MYTH: Medication is the only treatment for depression and you will need to take it forever

TRUTH: There are many treatments for depression. Some people will need medication for their lifetime, but many will only need it for a short time.

MYTH: Depression is something you can snap out of if you think positively

TRUTH: Depression is not a choice, it is a medical condition. While positive attitude can help you recover from depression, most people will need other treatments.

MYTH: Depression is only caused by tragic life events.

TRUTH: Depression is caused by genes you inherit, changes in your brain chemistry and can be caused by events in your life.



MYTH: Real men don't get depressed.

TRUTH: While women are more likely to develop depression, men are affected too. They often do not speak up about their symptoms due to fear of looking less manly.

MYTH: Talking about depression only makes it worse.

TRUTH: One of the most common and successful treatments for depression is therapy, which is talking about your depression and finding ways to manage your symptoms.



SIGNS AND SYMPTOMS OF DEPRESSION

There are many signs and symptoms of depression, and each person may have a different mix of these. If you or a loved one has more than 3 of these symptoms and think you may have depression, you should speak to your family healthcare provider¹.

- A feeling of sadness, anxiety or emptiness that doesn't go away
- Feeling hopeless or that nothing will ever be right again
- Feeling helpless, worthless or guilty
- Loss of interest in your favorite things, hobbies, activities, or sex
- Feeling tired all of the time or having no energy
- Trouble thinking and remembering things or trouble making decisions
- Trouble sleeping or sleeping too much
- Not being hungry or eating all of the time
- Aches, pains, stomach trouble, headaches, or other physical problems that do not get better with treatment
- Thoughts of hurting yourself or committing suicide



Treatments available for Depression

There are many treatments for depression. Like many other medical problems, not all treatments are right for every person. Below you will find the most common treatments for depression.

Medication is widely used to treat depression. These medications work by rebalancing your brain chemicals to reverse the symptoms of depression. There are many types of medications, and your doctor can tell you more about each type and help you decide which is best for you¹.

Therapy, either in a group or one on one, is another treatment for depression. In these sessions you can talk to a trained therapist about how you are feeling and the symptoms you are experiencing. They can help you with ways to deal with your feelings and give you some things to practice that will help your depression¹.

Another treatment is Electroconvulsive Therapy. This is a procedure that requires you to be asleep while electricity is sent through your brain to “reboot” it. This is a very effective treatment for severe depression that doesn’t respond to other treatments¹.

In addition to these common treatments, there are many other things that have been found to help people with depression battle their symptoms. Some of these other treatments include exercise⁴, drinking coffee with or without caffeine, listening to music, yoga, and pet therapy⁵.

Each person will need different types of treatment, and not every treatment is right for every person. Most people will respond best to a combination of 2 or more of the treatments mentioned above.



DEPRESSION RESOURCES

- Pennsylvania Adult/Older Adult Suicide Prevention Coalition:
<http://www.preventsuicidepa.org/resources>
- Mental Health Association in Pennsylvania:
<http://www.mhapa.org/help-resources/organizations/>
- Find Support Groups at Mental Health America:
<http://www.mentalhealthamerica.net/find-support-groups>



- American Academy of Child and Adolescent Psychiatry: www.aacap.org
- National Suicide Prevention Lifeline :1-800-273-8255 or www.suicidepreventionlifeline.org/
- American Psychological Association: www.apa.org/helpcenter/index.aspx
- National Institute of Mental Health: www.nimh.nih.gov/health/topics/depression/index.shtml
- Your family healthcare provider can also help you find out if you or your loved ones has depression and how to get help.

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2. Center for Disease Control. (2014, September 10). *Depression*. Retrieved from Workplace Health Promotion: <http://www.cdc.gov/workplacehealthpromotion/implementation/topics/depression.html>
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Obesity in Low Income Populations

Eden DeHart and Jillian Black

The Facts:

According to the Center for Disease Control, more than one third of adults are obese in the United States (2014). Diabetes, heart disease, and cancer, are just a few diseases that can result from an overweight and obese society. These diseases are a few of the leading causes of preventable deaths. The rates of these diseases have drastically increased over the past 20 years and have remained at high rates (CDC, 2014). These diseases are even becoming more common in children with 12.7 million obese children and adolescents (CDC, 2014). Higher disease rates can lead to lower life expectancy, higher healthcare rates, increased unemployment and disability, and increased usage of government assistance programs. Subsidized crops, availability of healthy options, and costs are a few barriers to making healthy food choices.

Subsidies:

In attempts to supplement income, the United States government offers tax dollars to farmers who grow crops/livestock according to government standards. These tax dollars are called farm subsidies and are meant to provide relief to farmers in case of disaster or change in crop prices. The top subsidized crops in the U.S. are corn, soy, and wheat. These crops are generally grown in abundance, which drives down the market costs. Foods containing soy, wheat, and corn (high fructose corn syrup) are generally a cheap alternative due to the overproduction of these crops. Examples of foods that contain subsidized crops are chips, soda, candies, and crackers. Compared to less processed, healthy alternatives, products containing subsidized crops are cheaper to buy.

High Fructose Corn Syrup

High fructose corn syrup contributes to the obesity epidemic. Fructose is metabolized differently in the body than regular sugar. Fructose is directed to the liver, where it accumulates and is released over a period of time. When people consume high levels of fructose, such as high fructose corn syrup, fructose accumulates in the liver faster than it can be released, contributing to increased fat storage and fatty liver disease.

Cost

When walking through the grocery store, it is easy to see that chips, cookies, and soda are cheaper in price than fresh fruits and vegetables. It makes sense that families on a tight budget would reach for 3 bags of chips instead of a pack of carrots for the same price. It is easy to see that the 3 bags of chips will last the family longer than the bag of carrots. What is harder to see are the health consequences of eating countless bags of chips year after year. Families on a fixed budget may not be able to visualize health outcomes due to worry over expenses that are affecting them in the present.

Availability

Higher costs of food may not be the only barrier to a healthy diet. Access to healthy food options may be limited and cause a high fat/high sugar diet. A food desert is defined as an area without ready access to healthy and affordable foods. According to the USDA, 23.5 million Americans live in a food desert. Food deserts are generally seen in urban neighborhoods or rural areas. In most of the food deserts, restaurants and convenient stores are the closest to the population and are most frequented especially if there is limited transportation. Due to high costs of distribution, fresh produce rarely ends up in convenient stores. If produce does make it on the shelves, it is at a higher cost to the consumer.

RECIPE CORNER

Looking for a healthy snack on a budget? Here is a delicious hummus recipe that costs **\$0.89 per serving**. It is packed with protein and a fun recipe to make with your children!

Ingredients:

- 1 can (15 oz) garbanzo beans
- 1 tbsp lemon juice
- 1 packet Hidden Valley Ranch Dip Mix
- 2 tbsp plain yogurt
- Veggies or pita chips for serving
- 1 gallon size Ziplock bag

Instructions:

Rinse and drain garbanzo beans. In gallon size zip lock bag, mix beans, ranch dip mix, lemon juice, and yogurt. Seal bag and squeeze until smooth. Serve with cut up veggies or pita chips. Enjoy!

Looking for more healthy recipes on a budget? Visit www.leannebrown.com/cookbooks and download the FREE pdf cookbook Good and Cheap, Eat Well on \$4/Day.



COMMUNITY SERVICES

For more help with food assistance, call or visit the following websites for program/agency information.

Supplemental Nutrition Assistance Program (SNAP)
-1-800-692-7462 or visit www.dpw.state.pa.us

Emergency Food Providers
-1-800-634-2033 or visit www.pahunger.org

Women, Infant, and Children (WIC) Program
-1-800-WIC-WINS or visit www.pawic.com

SOURCES:

Center for Disease Control and Prevention. (9 Sept 2014). *Overweight and Obesity, Adult Obesity Facts*. Retrieved from <http://www.cdc.gov/obesity/data/adult.html>

Center for Disease Control and Prevention. (3 Sept 2014). *Overweight and Obesity, Facts*. Retrieved from <http://www.cdc.gov/obesity/data/facts.html>



OVERUSE INJURIES: THE REALITY OF YOUTH SPORTS

Overuse Injuries in Youth Sports

Youth athletes today are part of an increasingly competitive sports environment, facing much greater pressure than previous generations¹. Youth sports today are highly organized, costly, and specialized compared to 20-30 years ago, creating new challenges for the young athletes¹. Due to a general lack of physical activity among youth, such as free play, walking to school, regular amounts of physical education and recess in school, most kids only form of physical activity is from playing sports¹. Staying injury-free and avoiding overuse injuries is, therefore, an extremely important issue to understand and address.

Overuse injuries are responsible for nearly half of all sports injuries to middle and high school students². Unlike breaking a bone, overuse injuries occur slowly over time due to an overload of the bones and muscles³. This is caused by the tissue, bone, or muscle breaking down at a more rapid rate than it builds back up². The building and remodeling of tissue is more commonly referred to as recovery, which is an extremely important component of training that often gets overlooked.

Factors such as poor technique, overtraining (more than 15 hours/ week of practice and

play), lack of rest, growth and development of the athlete, general level of fitness, equipment fit/ size, and previous injury all contribute to the body's ability to remodel or rebuild tissue following practice or competition³. These factors can also lead to overuse injuries that slowly occur overtime and can keep an athlete out of play for one game or an entire season, depending on when the injury is addressed.



OVERUSE INJURIES IN YOUTH SPORTS

Overuse injuries can be prevented by paying attention to the risk factors and educating the athlete in reporting any pain that they are experiencing, as this is often the first sign³. Pre-participation physicals, performed by a medical doctor at the beginning of the season, can often address any potential risks of injury by examining injury history, stature, maturity, readiness for sport, and overall fitness³. Preseason conditioning working on strength, flexibility and balance gives the athlete a good foundation and overall fitness readiness for whatever sport they are playing². Conditioning should not be limited to the body part used for play, but should also focus on a strong core, back, upper and lower body³. Limiting weekly/ yearly participation in sports and resting between games and seasons, especially during growth spurts where injury is more common, will help protect the athlete against overuse injuries².



RESOURCES

--American Medical Society for Sports Medicine; www.amssm.org

--National Athletic Trainers Association; www.nata.org

--American Academy of Pediatrics; www.aap.org

--Little League Baseball; www.littleleague.org

Keyword: Overuse injuries

How Can You Help?

Young athletes should be protected from overuse injuries. Educating the athlete, parents and coaches on recognizing the signs and symptoms of overuse injuries is the first step. Ensuring that athletes receive adequate amounts of rest and immediately report pain to a coach, parent or Certified Athletic Trainer will help avoid overuse injuries and allow the athlete to have a safe, injury-free season.

OVERUSE INJURIES IN YOUTH SPORTS



TIPS TO AVOID OVERTRAINING

- ✓ Be prepared for the sports season
- ✓ Follow conditioning guidelines
- ✓ Make sure all equipment fits properly
- ✓ Always ask questions if you feel the training regimen is too intense
- ✓ Encourage your child to speak up if they are feeling pain or soreness
- ✓ Ensure proper technique
- ✓ Avoid putting excessive pressure and demands on your child to participate in the sport
- ✓ Take caution with previous injuries
- ✓ Make sure that adequate rest is given
- ✓ Make it fun!

References

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- ¹Janssen, J. (2012). *Youth sports then and now: 30 years of changes*. Retrieved from <http://www.championshipcoachesnetwork.com/public/379.cfm>
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VACCINATIONS: The Facts

Created by Nicole Hunt and Carrie Myers

The introduction of the smallpox vaccine in 1798¹ led to a new way of thinking about disease prevention that we still use today. Vaccines prevent disease by introducing a killed or weakened virus to the immune system. The immune system then creates antibodies to destroy the vaccine germs and trains them to recognize those disease germs.² This exposure creates a blueprint for the immune system in case you are exposed to the disease. For this reason, many vaccinations are recommended when we are young to build up the body's defense mechanisms.

So why are we talking about vaccinations, anyway?

Vaccines have been shown to be effective at preventing many diseases and have been researched, created, tested and mass marketed to the public. Vaccines have completely wiped out the infectious diseases polio and smallpox in the U.S. and have cause many other disease rates to plummet.¹ However, recently we have seen a rise in multiple vaccine preventable diseases and related deaths. Some wonder why we are still vaccinating against a disease that was eliminated in the U.S. so many years ago, questioning the relevance and safety of vaccinations.³ The media highlights the debate of safety and value to the public, with support from some celebrity figures and anti-vaccine blogs and websites.⁴ Many people are weighing the benefits versus risk of vaccination for themselves and their children. Links to Autism, exemptions from state mandates, and general questioning all play a role in this great debate. This article will provide the facts about vaccines and address the common questions that many people have on whether or not to vaccinate.

Why does it matter if I'm vaccinated?

It is important to understand reasons why people are not getting vaccinated because low vaccination levels places the public at risk. When a large percentage of the population is vaccinated, it protects those who are not vaccinated through "herd immunity".³ When the percentage for herd immunity is not reached within a part of a community, the disease will continue to spread beyond that community. In some areas, we are not meeting levels needed to attain herd immunity, and outbreaks of preventable diseases have occurred in recent years.³ It is very important for those who are able to be vaccinated to do so in order to maintain low levels of vaccine preventable diseases and protect those who are unable to be vaccinated.

Local and National Resources

Speak with your medical provider to determine which vaccines are appropriate for you or your family members.

Find local clinics, pharmacies, and health departments providing various recommended vaccines through **HealthMap Vaccine Finder:** <http://flushot.healthmap.org>

Centers for Disease Control and Prevention (CDC)
To learn more about vaccines or to have your questions answered by a professional, call 800-CDC-INFO.
<http://www.cdc.gov/vaccines/>

Advisory Committee on Immunization Practices
<http://www.cdc.gov/vaccines/acip/>

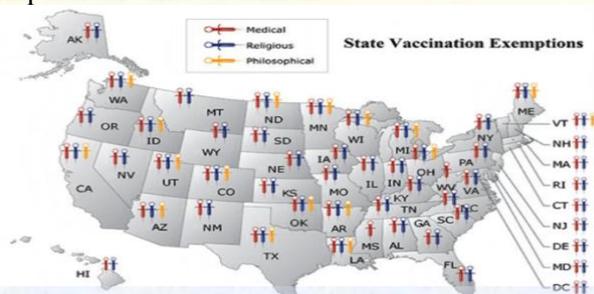
American Academy of Pediatrics
<http://www2.aap.org/immunization/>

To contact a local travel expert, contact **Pinnacle Travel Center** at 717-614-4420 or find them at <http://www.pinnaclehealth.org>

Aren't vaccines required for school?

All schools across the country, kindergarten through twelfth grade, require students to have documented up-to-date vaccinations. However, there are medical, religious and philosophical exemptions available in many states (see map below for state exemptions).⁵ Specific forms must be completed and verified for the exemption to be valid.

All 50 states allow children to be exempted from vaccination requirements for *medical* reasons, which generally revolve around a child's temporarily or permanently compromised immune system or as a result of certain medications that impair the immune system, such as chemotherapy.⁵ Additionally, a child may have an allergy to a vaccine ingredient or has had a severe adverse reaction in the past. Forty-eight states allow exemptions to vaccination for *religious* reasons. Some state laws require that a family belong to a religious group with bona fide objections to vaccination to receive a religious exemption, while other states simply require that a parent sign a form stating that he or she has religious objections to vaccination. *Philosophical or personal belief* objections to vaccination are allowed in 28 states. In most cases, parents must file a one-time or annual form with a school district to declare a personal objection to vaccination. In states with all three exemptions, personal belief exemptions are most common.



What should ask my doctor about vaccinations?

It is common and understandable to have questions regarding vaccinations for both yourself and your child.

Don't hesitate to ask your health care provider any questions you might have. You may find the questions below helpful to start the conversation.

1. How do vaccines work inside the body?
2. Who should and should not be vaccinated?
3. What are the risks and benefits of this vaccination?
4. What are signs of a bad reaction to the vaccination?
5. Do you have any pain control methods to help with the pokes?
6. Where can I find reliable information to learn more about vaccines?



But I've heard a lot of bad things about vaccinations...

There are many misconceptions about vaccinations and their safety. Perhaps one of the most common concerns is the link between vaccines and autism.⁶ This belief was spurred by a study published in a prominent medical journal in 1998. Many follow up studies were performed to discover more about the link between autism and vaccines, but researchers were unable to replicate the results of the original study. The study was eventually found to be falsified and the author was stripped of his medical license.⁷ Concerns that children are exposed to toxic chemicals through vaccines, such as the preservative thimerosal, have also contributed to the proposed autism link. Although there is no evidence of harm from the amounts of thimerosal provided by vaccinations, it was eliminated in 2001 due to precautionary measures.⁸ The theory that vaccinations lead to autism, however, is still supported by some today.

Another misconception is that too many vaccinations may override a child's delicate system. Some parents have moved to an alternative schedule, following a slower vaccination schedule in which some vaccines are given years after the recommended CDC schedule.⁹ The effects of vaccine combinations and simultaneous vaccination have been thoroughly researched and have not shown adverse effects on the normal childhood immune system.¹⁰

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