

MINUTES OF PUBLIC HEALTH COUNCIL

MEETING OF JULY 14, 2010

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

**THE PUBLIC HEALTH COUNCIL OF
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
Henry I. Bowditch Public Health Council Room, 2nd Floor
250 Washington Street, Boston, MA**

Updated Docket: Wednesday, July 14, 2010, 9:00 AM

1. ROUTINE ITEMS: No Floor Discussion

- a. Compliance with M.G.L. c. 30A, §§ 18-25 of Open Meeting Law (No Vote)**
- b. Record of the Public Health Council Meeting of June 9, 2010 (Approved)**

DETERMINATION OF NEED PROGRAM:

2. CATEGORY 1 APPLICATION:

Project Application No. 4-3B84 of the Spaulding Rehabilitation Hospital Corporation to replace and relocate the existing 295-bed Spaulding Rehabilitation Hospital presently located at 125 Nashua Street, Boston to 300 First Avenue in Charlestown through construction of an eight-story (ten level) 132-bed acute inpatient rehabilitation hospital **(Approved)**

3. PRESENTATION: No Vote/Information Only

"Young Worker Health and Safety: An Overview of Trends and Interventions", by Letitia Davis, ScD, EdM, Director, Occupational Health Surveillance Program

4. PRESENTATION: No Vote/Information Only

"Culturally and Linguistically Appropriate Services (CLAS), An Overview", by Georgia Simpson May, Director, MDPH Office of Health Equity

The Commissioner and the Public Health Council are defined by law as constituting the Department of Public Health. The Council has one regular meeting per month. These meetings are open to public attendance except when the Council meets in Executive Session. The Council's meetings are not hearings, nor do members of the public have a right to speak or address the Council. The docket will indicate whether or not floor discussions are anticipated. For purposes of fairness since the regular meeting is not a hearing and is not advertised as such, presentations from the floor may require delaying a decision until a subsequent meeting.

PUBLIC HEALTH COUNCIL

A regular meeting of the Massachusetts Department of Public Health's Public Health Council (M.G.L. c.17, §§ 1, 3) was held on July 14, 2010, 9:15 a.m., at the Massachusetts Department of Public Health, 250 Washington Street, Boston, Massachusetts in the Henry I. Bowditch Public Health Council Room. Members present were: Mr. John Auerbach, Commissioner, Department of Public Health, Ms. Helen Caulton-Harris, Dr. John Cunningham, Mr. Paul Lanzikos, Ms. Lucilia Prates Ramos, Mr. Josè Rafael Rivera, Dr. Meredith Rosenthal (arrived at 9:27 a.m.), and Mr. Albert Sherman. Absent Members were: Dr. Michèle David, Dr. Muriel R. Gillick, Mr. Denis Leary, Dr. Michael Wong, Dr. Alan C. Woodward, and Dr. Barry S. Zuckerman. There is one vacancy. Also in attendance was Attorney Donna Levin, General Counsel.

Chair Auerbach announced that notices of the meeting had been filed with the Secretary of the Commonwealth and the Executive Office of Administration and Finance. He summarized the agenda that would be heard and noted that the order of docket items would change slightly due to being one member shy of the eight members required for a quorum of Public Health Council Members. The Council heard the Informational Briefing entitled, "Young Worker Health and Safety: An Overview of Trends and Interventions", by Letitia (Tish) Davis, ScD, EdM, Director, Occupational Health Surveillance Program since no vote is required.

"Young Worker Health and Safety: An Overview of Trends and Interventions":

Dr. Letitia Davis made a PowerPoint presentation to the Council. Some highlights from her presentation follow. Dr. Davis explained why the focus was on young workers: 80% of teens are employed before leaving high school and in 2009 19% of teenagers (15 to 17 years of age) were working at any given point in time. She spoke about young workers having a high rate of nonfatal occupational injuries because they tend to work in jobs that have high injury rates for all ages. Young workers work in hazardous jobs and often with

no experience and with inadequate training and supervision. And further due to their physical and psychosocial development characteristics, young workers often take risks, seeing them as a challenge, like lifting items that are too heavy. For instance, a 17 year old boy may bring up two cases of French fries instead of one case from the supply room because he wants to show that he is responsible and can do the job. There is also employment in inappropriate or illegal jobs that are prohibited by the Child Labor Laws.

Dr. Davis continued, "In the 1990s, the first studies were done on this issue and in 1993, hospitals were mandated to report work-related injuries for persons less than 18 years old. In the same year, the Massachusetts 'Teen at Work' Injury Surveillance and Prevention Project funded by CDC-NIOSH began. The goals of this project were to identify sentinel cases for worksite follow-up, generate summary data to target broad-based interventions and use data to promote prevention activities."

Dr. Davis summarized data for work-related injuries to youth: "For the period of 2003-2007, there were five fatal work-related injuries to teenagers ages 14-17 years of age. Four of the deaths were to 17 year olds and one teen was 16 years old. Three of the teens had been working in violation of child labor laws. Two of the teens worked in construction, one in auto repair, one in manufacturing, and one in the fishing industry. One was using a forklift. Two were working with their parents."

"The number and rate of work-related injuries to teens less than 18 years of age (2003-2007): 1,039 lost time workers' compensation claims. The average workers compensation claims for these teens (2003-2007) were 208 injury claims per year. And for the same time period, there had been 4,285 emergency department visits (with an average of 857 ED treated injuries per year). Seventeen year olds were more likely to experience a work-related injury than younger teens and males more likely to get injured than females. Hispanic teens had a significantly higher rate of work-related injuries than other races: Hispanic: 4.5, White non-Hispanic 3, Black non-

Hispanic 2.2, and Asian non-Hispanic 0.8. (injuries per 100 full-time workers, ages 15-17). Injuries included sprains, strains, tears, bruises, contusions, crushings, heat burns, fractures and other. The industries where most of the teen injuries occurred are restaurants, grocery stores, merchandise stores, nursing homes, construction, recreation and public administration.”

Dr. Davis noted further that interviews with Massachusetts teens injured at work reported that there had been no safety training (52%), no work permit (22%), no supervisor on site (15%) and permanent effects such as anticipated permanent pain, limited sensation or loss of movement (20%).

Dr. Davis reported that their efforts have translated into lower rates of work-related injuries to teens (-5.5% annual change) and for adults (down -3% annual change). There have been worksite interventions, changes in public policy and the building of state infrastructure to promote safe work for teens. It was noted that for the period of 1993-2000, 40% of teens had obtained burns working in coffee shops compared to 9% in other industries. A change in the equipment solved this problem – the coffee pot splash funnels (brew baskets) needed to be replaced. OSHA standards were incorporated into Massachusetts schools; Massachusetts Child Labor Laws were strengthened allowing for civil enforcement proceedings, requiring supervision after 8:00 p.m. and a revised work permit process. A statewide public information campaign by the state Attorney General was launched targeting teens and informing them of their rights under the law.

A brief discussion followed by the Council, please see verbatim transcript for full discussion. During discussion it was noted that newspaper delivery employees are not covered under the child labor laws or receive worker’s compensation because they are hired as independent contractors, and further that parents should read work permits and be aware of what their children are doing at work. Ms. Caulton-Harris suggested that this information be distributed broadly throughout the state. Chair Auerbach stated to Dr. Davis, “...I just want to express my appreciation for your work. I think this is public

health at its best when you have taken these innovative steps to gather data that often has been ignored or not collected and frankly, around the country is generally not collected by health departments, and then not just analyzed it and pointed out what we have learned from it, but then worked to develop interventions and approaches that have resulted in, remarkably, in a noticeable decrease in terms of injuries for young people, and I think this is very much under appreciated. I don't think we have given it enough attention and certainly we haven't given enough attention to the positive outcomes that have resulted from this..." Council Members suggested an orientation on basic safety procedures be encouraged for youth in newspaper delivery; that the business community who hires youth could benefit from this information and that it be broadly distributed throughout the state. Ms. Caulton-Harris said in part, "...I just think there has to be a way to educate the community and workforce on the importance of the work that you have done, and really what the findings are, and how we can use that to keep young people safe in our workplaces."

No Vote/Information Only

Note for the record, Council Member Dr. Meredith Rosenthal arrived at the meeting during Dr. Davis' presentation at approximately 9:27 a.m. making a quorum of eight members present.

CATEGORY 1 APPLICATION: PROJECT APPLICATION NO. 4-3B84 OF THE SPAULDING REHABILITATION HOSPITAL

CORPORATION: to replace and relocate the existing 295-bed Spaulding Rehabilitation Hospital presently located at 125 Nashua Street, Boston to 300 First Avenue in Charlestown through construction of an eight-story (ten level) 132-bed acute inpatient rehabilitation hospital.

State Representative **Eugene ("Gene") O'Flaherty** representing Chelsea and Charlestown areas of Suffolk County testified in support of the Spaulding Rehabilitation Hospital DoN application. He said in part, "...I am here to testify on behalf of an institution that I have also had personal experience with, with two of my family members,

and I think that brings a different perspective than just being the Representative for the district, is actually being in the facility as we all either have been or will be at some point in our lives, with our loved ones. You want to make sure that they are in a facility where people are caring, that they are taking care of them, that they are informing the family members, and my own personal experience with Spaulding has been outstanding. I am also here in my capacity as the Representative. This is an important development for the City of Boston and for our neighborhood. It will employ local people. It will bring professionals into our community. It will increase the presence of Partners, which has been a great neighbor, and has done incredible work in our neighborhood...with the OxyContin and other issues in our neighborhood. I am here, doing what I think is an important thing to do, which is to repay the loyalty which this institute has shown to my community. By coming here this morning and respectfully asking all of you, in making your determination on the Determination of Need, to take into consideration somebody that has been a part of the neighborhood for going on fourteen years now, and we would like Spaulding to be in our neighborhood. Our neighborhood has agreed to their presence..."

Mr. Jere Page, Senior Program Analyst, accompanied by Ms. Joan Gorga, Director, Determination of Need Program, presented the Spaulding Rehabilitation Hospital project to the Council. Mr. Page noted in part, "...The proposed project involves new construction of an eight-story (ten levels), 378,367 gross square foot, acute inpatient rehabilitation hospital on Parcel 6 at "Yard's End," 300 First Avenue in the Charlestown Navy Yard in Boston, which will replace the existing Spaulding Rehabilitation Hospital on Nashua Street. The acreage of Parcel 6 is 3.02 acres. The proposed new replacement hospital, which will include eight stories above ground and two stories of underground parking, is needed to ensure Spaulding's ability to continue its mission of providing a full continuum of rehabilitation treatment and care, contributing new knowledge and treatment approaches to rehabilitative care, and educating future specialists. Spaulding states that the existing facility on Nashua Street was initially built in the late 1960s as a nursing home facility, and although additional improvements have been made to the building

over time, fundamental constraints in the original facility design have created irresolvable limitations on the ability to adapt the existing facility to meet Spaulding's current needs and further reports that due to the age of the facility, many areas are in need of costly repairs, upgrades, and replacement."

The staff summary explains further, "The applicant states that the proposed new hospital in the Charlestown Navy Yard will be designed as a state-of-the-art rehabilitation hospital, and will provide numerous therapeutic and operational benefits that are not possible in the existing facility. The new hospital will include 120 private adult rehabilitation beds and 12 private pediatric beds, as well as include gymnasiums and therapy rooms, swimming pools, research space, multi-purpose conference spaces, radiology, a large outpatient clinic, laboratories, a pharmacy and water access for patient therapy. When the project is completed in January 2013, the current number of licensed adult and pediatric rehabilitation beds will be reduced from 295 to 132, *a net loss of 163 beds*. Spaulding reports that the decision to reduce its beds was determined by several factors such as decreasing lengths of stay and admissions; shift in rehabilitation services to sicker patients with shorter stays and to outpatient or home-based rehabilitative care, expansion of rehabilitative care to SNFs (skilled nursing facilities) and to becoming more specialized and limiting their patients to acute patients with intensive rehabilitative service needs."

Mr. Page noted that the maximum capital expenditure (MCE) is recommended to be \$220,433,493 (January 2010 dollars) and first year incremental operating costs recommended at \$1,306,946 (January 2010 dollars). Spaulding's proposed equity contribution is 14% (\$30,860,689 January 2010 dollars) which will come from fund raising efforts. Partners HealthCare Systems, Inc. (Partners), the parent company of Spaulding, will fund any portion of Spaulding's equity contribution not realized by fundraising. The remaining MCE of \$189,572,804 will be provided by Partners, which will secure financing with tax-exempt bonds issued by the Massachusetts Health and Educational Facilities Authority (MHEFA) at an anticipated fixed interest rate of 5.00% for a 30-year term.

Mr. Page spoke about the Community Health Initiatives, noting that Spaulding will provide \$6,000,000 over seven years that will fund programs addressing local and regional health priorities including obesity; services for persons with disabilities; substance abuse; work force development; and community health center infrastructure needs. Specific programs in these areas will be developed collaboratively with the Department and the community within a reasonable time frame but not to exceed six months, and may include mini grants, community capacity building, training and evaluation. The breakdown is as follows, \$500,000 for services for persons with disabilities, \$500,000 for community health centers support, \$1,000,000 for Charlestown community projects, \$4,000,000 for obesity prevention in low income communities, persons with disabilities, youth, and responding to and preventing maternal obesity. A special focus will be given toward addressing racial, ethnic, and socioeconomic disparities.

In closing, Mr. Page stated, "Based on what we have seen with Spaulding, all of our discussions with them in recent months, we find that the proposed new construction to replace and relocate Spaulding is the best option for Spaulding to respond to the multiple deficiencies in the existing facility, respond to the change in delivery of rehabilitation care and improve patient treatment outcomes through greater efficiency to provide state-of-the-art rehabilitation services."

A discussion followed by the Council. Please see verbatim transcript for full discussion. David Storto, President, Partners Continuing Care, Spaulding Rehabilitation Hospital, Ross Zafonte, DO, Vice President of Medical Affairs, Spaulding Rehabilitation Hospital, Matthew Fishman, Vice President for Community Health, Partners and Mary Shaughnessy, Vice President for Finance, Partners Continuing Care answered questions from the Council. Oswald Mondejar, VP of Community Relations and Human Resources, Spaulding Rehabilitation Hospital and Betsy Pillsbury, Disability Resource Coordinator, Spaulding Rehabilitation Hospital were in attendance. Mr. Lanzikos noted that older folks are missing from the obesity prevention

community initiatives conditions. Ms. Prates Ramos requested that on the Charlestown community projects community initiative condition, on the community workforce development piece, add “to promote, advance, and enhance the delivery of culturally and linguistically appropriate care. And what I mean by that is, to work with the community to promote people from these diverse communities to become part of your workforce.” Mr. Matt Fishman agreed to these changes to the conditions of approval.

Mr. Albert Sherman moved approval of the Spaulding application. After consideration, upon motion made and duly seconded, it was voted unanimously to approve **Project Application No. 4-3B84 of the Spaulding Rehabilitation Hospital Corporation**, based on staff’s analysis and findings, with a revised maximum capital expenditure of \$220,433,493 (January 2010 dollars) and revised first year estimated operating costs of \$1,306,946 (January 2010 dollars) and with the two amendments by Mr. Lanzikos and Ms. Prates Ramos listed below. As approved, this application provides for new construction of an eight-story (ten level) 132-bed acute inpatient rehabilitation hospital on Parcel 6 at “Yard’s End,” 300 First Avenue in the Charlestown Navy Yard in Boston, which will replace and relocate the existing 295-bed Spaulding Rehabilitation Hospital located currently at 125 Nashua Street in Boston. The conditions are listed in the staff summary and final decision letter which are attached and made a part of this record as **Exhibit Number 14, 951**.

The two amendments are:

- Add the word, “elderly” to the obesity prevention community initiatives condition;
- Add to the Charlestown community projects community initiative condition, on the community workforce development piece: “Projects that are developed to address workforce development will include specific consultation with representatives of the impacted communities to promote, advance and enhance the delivery of culturally and linguistically appropriate care. The projects will also include interaction with the community to

promote residents from these diverse communities to become part of the Spaulding workforce.”

RECORD OF THE PUBLIC HEALTH COUNCIL MEETING OF JUNE 9, 2010:

Mr. Albert Sherman moved approval of the **minutes of June 9, 2010**. After consideration, upon motion made and duly seconded, it was voted unanimously to approve the minutes of June 9, 2010 as presented.

PRESENTATION: “CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS), AN OVERVIEW”, BY GEORGIA SIMPSON MAY, DIRECTOR, OFFICE OF HEALTH EQUITY:

Ms. Georgia Simpson May made a Powerpoint presentation before the Council. She said in part, “...The Department is committed to implementing the Federal CLAS Standards, both internally and through our vendor organizations. In 2000, the Department initiated a process leading to the development of a comprehensive guidance manual, “Making CLAS Happen: Six Areas for Action”. The purpose of the manual is to guide the public health and health care organizations of all sizes as they make operational the federal standards, and incorporate them into all aspects of their activities and structure.”

She continued, “The purpose of the CLAS Standards (developed in 2000 by the U.S. Department of Health and Human Services, Office of Minority Health) are to contribute to the elimination of racial and ethnic health disparities, are an opportunity for quality improvement, and make services more responsive and inclusive of all cultures and are designed to address the needs of racial and ethnic and linguistic populations.” Ms. Simpson May noted that we should integrate these standards into our practices because they eliminate racial and ethnic disparities and that some of the standards are mandated by the federal government. She said further, “There are 14 federal standards with themes around culturally competent care, language

access, and organizational supports for cultural competence. Standards 1-3 are guidelines, offer respectful care, compatible with cultural beliefs, strategies to recruit and retain and promote diverse staff, ongoing training on culturally and linguistically appropriate service delivery. The next sets of standards are mandates (Standards 4-7). There are required by all entities, health and human service agencies that receive federal funding: language assistance services 24/7, including staff and interpreter services, both written and verbal offers to provide language assistance, trained interpreters provided, not family and friends, and easily understood materials and signage."

Ms. Simpson May continued, "The next set of standards are guidelines (Standards 8-14). Organizations should have goals, policies, and operational plans, management and oversight accountability. In their ongoing CLAS self-assessments, organizations should measure within their internal audits, patient satisfaction assessments, and outcome evaluations, how well they are doing with meeting the needs of their client populations. Race, ethnicity, language data collection encourage specificity to the extent possible, demographic, cultural and epidemiologic profiles of community to better develop and plan for their communities. Number 12 is partnerships with communities, and number 13 is grievance policies in place to help resolve cross-cultural conflicts."

Ms. Simpson May said, "Making CLAS Happen, why? Organizations support the standards but many do not know where to start and we did some research and found that there was no single document that really encompassed how you start, or initiate implementation of CLAS standards and then within Massachusetts, we have some of our own particular guidance, our best practices, issued by DPH, as well as we have Emergency Room Interpreter's Law, that requires interpreter services in emergency departments and in mental health situations."

"The primary objective then became to develop a comprehensive, user-friendly, action-oriented manual. Essentially, organizations said tell me what I can do and how I should or could do it...We translated the standards to make them meaningful to organizations. We

matched the need to the content...Empower users with resources. Where can I find already developed templates, good practices so that I don't have to reinvent the wheel? And then highlight promising practices; this worked for someone. It might work for you."

Ms. Simpson May noted that the guidance document is the result of 18 months of a community-driven process, an internal CLAS coordinating committee comprised of 38 DPH staff members, regional community meetings with over 50 organizations attending and providing input; and more than 90 individuals reviewed the document and gave valuable input.

The six areas for action, identified by the organizations as areas where the most assistance was needed and if stated in action-oriented terms could support them in meeting the standards are: Ensure Language Access, Reflect and Respect Diversity, Foster Cultural Competence, Benchmark: Plan and Evaluate, Build Community Partnerships, and Collect Diversity Data.

Ms. Simpson May spoke about the completion of a DPH wide internal assessment of CLAS, "It was very important, before asking anyone outside of the institution to integrate CLAS that we walk the walk, and we were just supported through this whole process of doing an internal assessment, which took quite a bit of time. We are compiling, presently, a comprehensive report including bureau breakouts. There were over 80 divisions involved in the assessment. We have the compilation of the bureaus, and then we have disaggregated the data so that each bureau can see where they stand in comparison to the Department..."

Ms. Simpson May noted that a CLAS self-assessment has been incorporated into the DPH procurement process so vendors know that we are looking at this as an important area with respect to how they deliver services and identify areas where we can support them; there is a web-based and on demand CLAS trainings on the Office of Health Equity site, and they are working on a guide to assist hospitals in developing their own language need profiles. She noted that the CLAS manual was distributed in August of 2009, 361 hard copies,

including a brief survey (57% gave permission for follow-up by the Department). This group will probably be the first group invited to trainings. The Office of Health Equity staff has presented the CLAS manual at conferences and to many groups in and out of state and Governor Deval Patrick had a press release on the manual in March 2010. A second manual entitled, "Completing a Making CLAS Happen Facilitator's Guide" is scheduled to be released in August of 2010.

Ms. May noted that the OHE is doing significant work with EOHHS Human Resources and other state departments such as the state Training Department and Office of Civil Rights with respect to the Facilitator's guide, developing or integrating components of that guide into trainings that can be used by all of the agencies within the secretariat.

NO VOTE/INFORMATION ONLY

Discussion followed by the Council. Chair Auerbach stated to Ms. Simpson May, "You have done a wonderful job at the Department, and on this presentation, and I think that the key that you have illustrated is that this really has to be part of our DNA as a department, that this can't be thought of as an add-on or an option, but it really has to be who we are as a department at its core...You are helping us to change the way the Department works so that this is the case and we very much appreciate it."

Council Member José Rafael Rivera added that he had the privilege on working on a small part of the facilitator's guide, the language doesn't go far enough in addressing cultures beyond language, race and ethnicity and it could allow somebody to limit the conversations to those factors only, particularly around collecting data. If other populations such as sexual minority, sexual orientation, sexual identity, religion and ability – "if we don't collect data on them, we don't know they exist. If we don't know they exist, we don't see the need to provide services, by allowing populations to remain invisible, we are doing a huge disservice and I want us to continue to bang that drum and to continue to encourage people to go beyond race, ethnicity and language when you talk about culture." Ms. Simpson

May and Chair Auerbach said they agree with Mr. Rivera and so did Mr. Lanzikos. Mr. Lanzikos asked about people with disabilities, folks who use American Sign Language. Ms. Simpson May responded that the manual has a tool section with specific ASL and ADA requirements. Ms. Simpson also stated in part, in regard to other cultures being included, "...We are acutely aware and very sensitive to that and part of the reason for doing the facilitator's guide is so they can go into organizations and really expand the breadth of depth of what the organization talks about so it just doesn't get limited to race, ethnicity and language but that we need to be respectful of all cultures which come in various shapes, forms and sizes."

During discussion, Mr. Lanzikos encouraged integration of the CLAS program within the rest of state government and that the Council send a letter to Secretary Bigby and the Governor. Ms. Lucilia Prates Ramos added that all agencies under the EOHHS can use the CLAS standards when they issue RFPs. She said in part, "It should be the DNA of all agencies that are providing services to the public." Chair Auerbach asked the Secretary to the Public Health Council to draft the letter on behalf of the Public Health Council.

NO VOTE/INFORMATION ONLY

Follow-up Actions Steps:

- Orientation on basic safety procedures be encouraged for youth in newspaper delivery (Lanzikos to Davis)
- Educate the business community who hires youth on the findings of Dr. Davis on work place injuries to youth and that it be broadly distributed throughout the state (Caulton-Harris to Davis)
- Continue to encourage people to go beyond race, ethnicity and language when you talk about culture (Rivera to Simpson May)
- Draft a letter on CLAS to Secretary Bigby/Governor on behalf of the PHC (Auerbach, Hopkins)

LIST OF DOCUMENTS PRESENTED TO THE PHC FOR THIS MEETING:

- Docket of the meeting
- 1a) Copy of letters of meeting notice to A&F and Secretary of Commonwealth
- 1b) Copy of draft minutes of June 9, 2010
- 2) Staff Summary of Project Application No. 4-3B84 of the Spaulding Rehabilitation Hospital Corporation
- 3) Copy of PowerPoint slides on presentation entitled, "Young Worker Health and Safety: An Overview of Trends and Interventions"
- 4) Copy of PowerPoint slides on Presentation entitled, "Culturally and Linguistically Appropriate Services (CLAS), An Overview"

The meeting adjourned at 10:50 a.m.

John Auerbach, Chair

LMH