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## Removing barriers

Unless someone we know is directly affected, most of us don't realize just how inaccessible the average home is — especially for children whose mobility is impaired. For these children, stairs they can't climb and doors they can't open are more than just architectural obstacles; they're barriers to growth and learning.

The Department's Adaptive Housing Program (part of Services for Children with Special Health Care Needs) encourages the growth and independence of handicapped children by helping their families to modify their homes. Most of us are familiar with the wheelchair ramps, stair lifts and bathroom grab bars that make public buildings more accessible, but the Adaptive Housing Program also provides a variety of major and minor adaptations that are less familiar to many of us.



Children with limited dexterity can have more trouble turning the doorknob than swinging open the door. Lever door handles are easier to turn because they don't require a good grip. Some families opt for **doorknob attachments**, which are lever handles that snap onto the knobs.

*continued on page 2*



Governor Dukakis with newly appointed members of the Governor's Task Force on AIDS.

photo by John Stobierski

## Fighting AIDS in minority communities

The recent formation of the Multicultural Coalition Against AIDS marks a new advance in the fight against AIDS in Massachusetts. The Coalition includes numerous agencies in the greater Boston area that were established to serve the Black, Hispanic, Haitian, Asian and Native American communities.

Benie Wiley, executive director of the coalition, said the member groups have dedicated themselves to working with their communities to prevent the spread of AIDS. The Coalition's work will be supported by a \$320,000 grant from the Department that was announced by Governor Dukakis during a press conference at the Harriet Tubman House last month.

"We can now make AIDS education

and prevention efforts much more effective in minority communities," said Assistant Commissioner Beverly Hayes, director of the DPH AIDS office. "The groups in the Coalition have the sensitivity, the community ties, and the experience to develop culturally and linguistically appropriate programs to help us reach high-risk individuals."

The need for the Coalition's efforts is strikingly clear from statistics on the spread of AIDS in minority communities. While Blacks, Hispanics and other people of color comprise only 20% of the U.S. population, they represent almost 40% of the AIDS cases. Among minorities in Massachusetts, which comprise about 10% of residents, the proportion of AIDS cases is 25%. Pediatric cases show the greatest over-representation: 89% of all infants infected with HIV through perinatal transmission are Black or Hispanic.

## the corner office

Before I begin, I want to wish everyone a happy and healthy new year. This year is sure to be one with many challenges, as recent headlines about state finances have testified. The most serious impact upon us thus far has been the layoff of some of the Department's managers. This unfortunate measure not only deprives us of their talents but also requires the rest of us to assume greater responsibilities.


While clearly these are not ideal circumstances, we can gain some benefit from the current climate if we take this opportunity to seriously and thoroughly examine what the Department is now doing and what we need to do to promote the health of the people of the Commonwealth.

A Department as old and diverse as ours has gone through major changes over the years, as a look at our public health hospitals will illustrate. Fifty years ago the hospitals focused on tuberculosis treatments; today, these same hospitals provide a wide range of services for both acute and chronic illnesses.

As conditions change so must we. Some services can be scaled back while others must be expanded. To understand how to focus our Department's efforts more efficiently and effectively, I have met with nearly every division and program in the Department over the last several weeks. These meetings have offered many the chance to tell me where we have made advances, where we face challenges, and where we need to focus our resources this year.

This process has better equipped us to set clear priorities for the Department — priorities which will shape the decisions we make in this fiscally tight new year.

I want to thank each of you who has contributed to this review, and to commend you all for your invaluable work toward strengthening the Department.

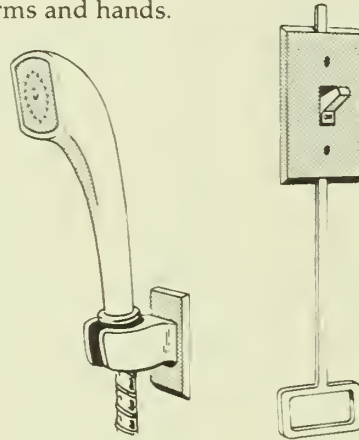


Deborah Prothrow-Stith

barriers (continued)

High thresholds are another doorway problem for many children who use wheelchairs. This problem can be solved by either leveling the threshold or adding mini-ramps to both sides.

Even a device as simple as a lightswitch is a barrier to a child who can't reach it or grasp it. **Switch extenders** put control of lights within the reach of both small children and children with limited use of their arms and hands.



Similarly, remote control units (the joy of sofa spuds everywhere) can allow even severely disabled children to turn on radios and televisions, change channels until they find something they like, and turn them off when they're through.

In many homes, the bathroom is both the smallest room and the biggest collection of obstacles that handicapped children face. Grab bars around the tub and toilet can help, but several common bathroom features can make it impossible for handicapped children to accomplish something as simple as washing their own hands.

Under-the-sink cabinets keep children in wheelchairs too far away from the faucets to turn the water on. The obvious solution is to remove the cabinet, adding brackets to support the sink if necessary. It's also important to insulate the pipes under the sink to protect the child's knees from burns and bruises.

**Hand-held shower fixtures** are a real boon for handicapped children who cannot turn easily or stand long enough to use an overhead shower. Hand-held fixtures let them direct water where they want it so they can take a shower while sitting down.

Intercoms are not common bathroom fixtures, but they can give handicapped children their first taste of something the rest of us take for granted: privacy in the bathroom. The intercom allows the child the simple dignity of bathing or using the toilet without an audience while making it easy to get help for anything she or he can't manage alone.

These and other adaptations return a wealth of benefits that can far exceed their one-time cost. Like able-bodied children, handicapped children must be able to explore their environments in order to learn. They measure how grown-up they are by how much they can do by themselves. Every bit of independence or privacy gained by these children also improves their confidence and pride in themselves.

## A new home

A four-bed home in Springfield for multiply handicapped children and teenagers was dedicated on January 23. Like similar DPH-funded homes already open in eastern Massachusetts, the Springfield home is in a residential area and has been adapted to present the fewest possible barriers to the children who will live there. (See related article on page 1.) Round-the-clock staff in the home will provide the specialized services these children need to develop to their fullest potential.

This event is noteworthy because it marks the opening of the first such facility in the western part of the state. Children with multiple physical disabilities were admitted to a group home in West Newton in the fall of 1987, and to one in South Peabody in the winter of 1988. All three are designed to provide a homey environment for children whose families cannot provide the 24-hour, specialized services they need. Until group homes became available, the only other option many families had was pediatric nursing homes, which provide excellent medical and nursing care but lack the focus on family ties and the children's development that is the primary concern of these homes.

## DPH helps quake survivors

On the weekend after the devastating earthquake in Armenia, Soviet officials desperately needed tetanus toxoid vaccine to prevent potentially fatal infections among injured survivors. The U.S. State Department had a hard time finding a ready source of the vaccine until House Speaker George Keverian learned of the need. He immediately contacted DPH through the 24-hour on-call system at the State Lab.

Greg McNeil and Bill Latham (Chiefs of Filling & Distribution and Vaccine Production, respectively) worked until midnight to draw 50,000 doses of vaccine from existing stocks and package them in special insulated shipping containers. The Department also helped coordinate vaccine donations from the federal CDC and the New York and Michigan health departments. (Michigan and Massachusetts are the only two states that make vaccines.)

Since that weekend, Dr. George Grady (Chief Physician Scientist) has consulted Medical Outreach for Armenia and identified a variety of ways that Massachusetts might be able to assist during the recovery. The possibilities range from training Armenian technologists at the State Lab to sending urgently needed technologists and equipment to the area. As this article was being written, the Department was awaiting word from Soviet authorities about what kinds of assistance would be most helpful.

If you would like to make your own contribution toward aiding Armenian earthquake survivors, please contact Lauren Koumjian in Adult and Elderly Health at (617) 727-2662.

## On the road again

Commissioner Deborah Prothrow-Stith has been on the road quite a bit lately, bringing her message about the Department's accomplishments, new goals and initiatives to DPH employees

all over the state. The regional sessions have been as well attended as the first, conducted last November at the State House.

That first session was videotaped, but the Commissioner recognizes that DPH staff who work outside of Boston are vital to the Department's mission of protecting the public health. Her visits to DPH facilities in Westfield, Northampton, Tewksbury, Lakeville and Rutland have given employees in all regions of the state an opportunity to hear the broad new agenda first-hand and to discuss issues of concern.

Commissioner Prothrow-Stith also used the opportunity these visits provided to invite local legislators, boards of health, and community-based agencies to the briefing sessions and to tour both DPH-owned and DPH-funded programs.



## Baby's first words

Most children learn to communicate almost by osmosis, with very little effort on their parents' part. The same is not true for young deaf children of hearing parents, who have little chance of figuring out why their parents move their mouths so much. Help has recently arrived in the form of a DPH grant awarded to the Massachusetts State Association of the Deaf (MSAD) to create a program to teach sign language to these parents.

MSAD, a statewide organization run by and for people who are deaf, has many years of experience in teaching sign language. The grant will allow MSAD to reach the hearing parents of young deaf children in locations all across the state. About 50 families are expected to be trained during the first year of the program.

The children whose families learn sign language through the program will be automatically enrolled in the Department's nearest Early Intervention program, with the ultimate goal of making the least of each child's disability and the most of each child's potential.

## inside dph

## Cutting the strings

On December 1, 1988, Western Massachusetts Hospital helped ten women cut their strings to Welfare. That was the day a pinning ceremony was held for the women who graduated from a special pilot program at the Hospital. The ten women, who asked to be enrolled in nurse's aide training, are all single parents who have been receiving Aid to Families with Dependent Children.

The women praised the program and its instructor, Joanne Prince, saying it gave them self-esteem and enabled them to become self-sufficient by entering a field they had long desired. Prince in turn described the women as survivors, saying, "They are determined to get an education and do more with their lives. They are a terrific inspiration to their children."

The program, which was created at the request of the Hampden County Employment and Training Consortium of Springfield (a contractor of the Department of Public Welfare), uses a classroom and laboratory provided by Western Massachusetts Hospital. It provides the 39 hours of academic preparation and 21 hours of supervised clinical experience required by the new certification law for nurse's aides in skilled nursing facilities. The women were also trained in CPR by Kathy Diemand of the hospital's X-ray department and in additional areas that make them eligible for work with home health care agencies.

The ten women who completed the program last month are now certified as both nurse's aides and homemaker/health care aides. On behalf of everyone at DPH, congratulations to the graduates!



## Wear the badge

A simple band-aid worn on the arm will be a badge of courage and concern at the Department's Central Office on Monday, February 6. On that day, you can kick off the new year by donating blood to those in need.

To meet the need for blood in the Northeast Region (Massachusetts and Maine), Red Cross Blood Services must collect about 500 units of Group O blood daily and over 350,000 units of all blood types yearly. Group O is the most common blood type in the country, and the one most needed. In an emergency, most people can safely be transfused with Group O blood regardless of their own blood type. In fact, *anyone* can be given O-negative blood, and 85% of the population can be given O-positive blood.

Patients today rarely receive whole blood. Instead, they are usually given several units of blood components: red cells, platelets or plasma. Therefore, your single donation can help to treat at least two and usually three or more patients. Components of your blood could be given to someone who was injured in a traffic accident, to a woman during a difficult birth, and to an adult or child who has cancer, anemia, kidney or heart disease.

As you can see, your donation has many possibilities. Please share your good health by giving blood on February 6 during the Central Office's first blood drive of the new year.

## by the way

### Quake relief

If you would like to help the Armenian relief effort, please contact Lauren Koumjian in Adult and Elderly Health at (617) 727-2662. Lauren is helping the St. James Armenian Church to collect donations for the earthquake fund. No donation is too small to help, so please call Lauren today.

### Unit 1 courses

A schedule of job-related courses for NAGE Unit 1 members will soon be announced by the Unit 1 Joint Labor/Management Committee on Training and Career Ladders. The Office of Employee Relations will grant release time for one course per Unit 1 employee between now and June 30, 1989. Unit managers will receive more information on these courses in the coming weeks.

### Attention, managers

Senior managers (MV - MXII) interested in this year's fellowship to the John F. Kennedy School of Government at Harvard University should contact their director or assistant commissioner for information on how to apply. Deadline for applications is April 1, 1989.

### Tax time

The Central Library has a supply of federal income tax forms (1040, 1040A and 1040EZ) for employees. Drop by the Library in the lobby at 150 Tremont if you need forms.

### Leftover money

The excess money from the Holiday Party has been donated to the Leukemia Society on behalf of DPH employees. The Society would like to thank all the staff involved.

### Helping out

For the sixth year in a row, employees of the Southeast Regional Health Office in Lakeville have provided needy families in the area with holiday gifts of food certificates. This practice, which was started by the Case Management Unit, has helped SRHO staff to celebrate the true meaning of the winter holidays by pitching in to fight hunger instead of exchanging token gifts.

### Retirements

The following employees are retiring from the Department: William Latham (42 years) of the Massachusetts CDC, Dorothy Hall (20 years) of the Northeast Regional Health Office, Christine Gunning (17 years) of the Massachusetts CDC, Herbert Van Euw (15 years) of Food & Drugs, and Robert Reardon, Jr. (12 years) and

Elizabeth Rossborough (10 years), both of the Massachusetts CDC. Good luck and enjoy yourselves!

## Calendar

### At the lab

Seminars in Biology and Public Health are held every other Wednesday at 12:30 pm in room 133 at the State Laboratory. Upcoming topics include "Arbovirus Program Update" rescheduled to February 1, "Syphilis and HIV Infection" on February 8, and "Molecular Applications (PCR) for Screening and Epidemiology" on February 22. These seminars are open to all and have been approved for CEUs at Tufts University School of Medicine. For more information, please call Dr. Barbara Werner at (617) 522-3700, x212.

### Records management

If your files are overflowing or you can't find the folder you're looking for, the Records Management Unit of the Secretary of State's Office offers just the class for you. Records Management Training Sessions will be held on Friday, February 17, and Tuesday, March 21, 9:30 - 11:30 am at One Ashburton Place. The sessions include an overview of services offered by the Secretary of State's Office, tips on managing your records more effectively, and explanations of the Records Conservation Board, the State Records Center, and related procedures. Space is limited; call Gail Anderson at (617) 727-2816 to reserve your seat.



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