

Statement of the Greater New York Hospital Association on Noise Levels Surrounding Nursing Homes
at a Public Hearing Held by the Council of the City Of New York Committee on Environmental
Protection

June 12, 2001

Good afternoon. I am Roxanne Tena-Nelson, J.D., M.P.H., Assistant Director of the Center for Continuing Care for the Greater New York Hospital Association (GNYHA), which represents the interests of 175 hospitals and continuing care facilities in New York City and surrounding areas. All of our members are either not-for-profit, charitable organizations or publicly sponsored institutions that provide state-of-the-art acute and long term care services. GNYHA's continuing care members provide essential services to the neighborhoods of New York City including nursing home care, home health care, and other community-based services to older and disabled New Yorkers. While providing these services, GNYHA members often act as the anchor for their communities from the standpoint of not only health care but also from the standpoint of providing other needed services.

I thank you for the opportunity to appear before you today to support the proposed amendment by Council Member Stanley Michels, Introduction Number 906, which would prohibit unreasonable noise around nursing homes by amending §24-203 and §24-228. Currently under §24-228 of the Administrative Code and Charter of the City of New York, schools, courts and hospitals are already protected from unreasonable noise levels emanating from surrounding areas. We simply support the expansion of this protection to nursing homes.

I. GNYHA MEMBERS AND THEIR ROLES IN THEIR COMMUNITIES

New York City's Not-for-Profit Nursing Homes. GNYHA's continuing care members were historically created by communities-religious communities, work-related communities, as well as local neighborhood communities. Although some of the community composition has changed over the years, our members continue to dedicate their services to the areas that surround their facilities. As an integral part of their communities, our members provide health care, social services, and oftentimes comfortable social settings for older and disabled individuals, while at the same time providing employment, opportunities for intergenerational interaction, and economic and urban development to the local community.

Health Services Provided. GNYHA's members provide a spectrum of essential health services to the older and disabled residents in the neighborhoods of metropolitan New York, including skilled nursing facility care serving traditional long-term residents as well as residents who require a higher level of care such as rehabilitation therapy, ventilator care, traumatic brain injury care, and care for persons with Alzheimer's disease or other dementias. GNYHA's continuing care facilities also serve a large number of special needs populations including persons with visual or hearing impairments, persons with HIV/AIDS, and children who require long term care services.

II. BACKGROUND AND LITERATURE

Benefits of Sleep. Medical literature has verified what we all generally believe to be true-that sleep is beneficial and lack of sleep can produce negative health effects.¹ As we age, sleep problems and disorders generally increase.² Specifically, researchers have concluded that age-associated changes include increased difficulties in initiating or maintaining sleep at night, more spontaneous arousals from sleep, and the need for more time to return to sleep once disturbed.³ For residents in nursing homes, the problem is exacerbated because this population generally experiences more limitations on functionality, more depression, and higher rates of cognitive

impairment-all factors that have been shown to disturb normal sleep patterns.⁴ In fact, one study found that sleep disturbance causes health deterioration and the likelihood of increased mortality for geriatric residents.⁵ Long term care providers are continually striving to improve sleep through best-practice models including methods to calm residents through tranquil environments, massage, and other methods of relaxation.⁶

Negative Impact of Noise. According to current research, one of the main causes of sleep disturbance in hospitals and nursing homes is noise.⁷ The literature repeatedly shows that, for the general population, exposure to noise constitutes a health risk that includes the inducement of hearing impairments, hypertension and ischemic heart disease, annoyance, sleep disturbance, and decreased school performance.⁸ Related to interventions to improve sleep, long term care providers continually seek to improve the nursing home environment and have participated in efforts to abate controllable noise that is bothersome to residents—for example, turning off unused television sets and radios. Thus, the literature shows that persons receiving care in health care facilities would not only benefit from the environmental health benefits of noise control, but also eliminate the primary cause of sleep disturbance.

III. NEW YORK CITY'S NOISE CONTROL CODE

New York City's Public Health Concern. In the spirit of Title 24 of the Administrative Code and Charter of the City of New York, the City Council recognized the potential benefits that stem from noise control, and in 1983 passed Local Law 18, which amended §24-228 to include protection from unreasonable noise surrounding schools, courts, and hospitals. In addition, the Declaration of Policy in §24-202 regarding noise control focuses on public health concerns and states that "every person is entitled to the ambient noise levels that are not detrimental to life, health and enjoyment of his or her property." We applaud the Council for this recognition and maintain that the provision has helped to control noise for hospitals.

Anecdotal Examples in New York. In light of the evidence from the aforementioned literature, the city's noise control policy, and the experiences of our own member nursing homes, we contend that it is vital that residents in nursing homes in New York City are protected from unreasonable noise to ensure that they can achieve the highest practicable quality of life. As just one example, we cite Isabella Geriatric Center—a comprehensive long term care provider located in the Washington Heights area—where there has been significant concern that an unreasonable amount of noise emanating from the area surrounding the facility is causing great harm to the older and disabled residents who live at the facility. According to representatives from Isabella, residents have experienced difficulty in sleeping, problems with concentration, and increased agitation from the unreasonable noise that emanates from adjacent streets. The unreasonable noise surrounding this and other nursing homes is detrimental to the health and enjoyment of the residents and is inconsistent with New York City's policy on noise control.

IV. EXPANDING PROTECTION TO NURSING HOMES

Protection from Unreasonable Noise for Nursing Homes. Currently, hospitals are included in the list of entities protected from unreasonable noise resonating from adjacent streets. GNYHA strongly recommends that the local law be amended to include nursing homes in the class of protected entities because nursing homes serve many individuals who are exceptionally frail and who experience the nursing home as an extended or permanent residence. Although the intensity of services is often not as high as in hospitals, nursing homes often serve frail individuals at a fairly high level of care for a much lengthier period of time. Aside from the level of frailty of persons in nursing homes, we remind the Committee that these individuals are residents, people who actually live at the facility and who require protection from unreasonable noise. Additionally, due to medical advances, many procedures formerly

provided in hospitals can now be provided in subacute care units located in the nursing home setting. Subacute care includes services such as intense rehabilitation, severe wound care, and minor surgical procedures.

CONCLUSION

In conclusion, GNYHA appreciates the opportunity to appear before you. In the interest of the participants and residents served by our member nursing homes, we ask for your support of the amendment that broadens the protection from unreasonable noise to include nursing homes. These are facilities that have been created to serve their communities and are dedicated to providing the best quality of care possible for residents-care that includes protection from unreasonable noise. I thank you in advance for your support of the amendment and offer to work with you as you move forward in this process.

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3 Webb W.B. *Age-related changes in sleep*. Clin Geriatric Med, May 1989;5(2):275-87 and Webb W.B. and Campbell S.S. *Awakenings and the return to sleep in an older population*. Sleep, 1980;3(1):41-6.

4 Newman A.B., Enright P.L., Manolio T.A., Haponik E.F., and Wahl P.W. *Sleep disturbance, psychosocial correlates, and cardiovascular disease in 5201 older adults: the Cardiovascular Health Study*. J Am Geriatric Soc, Jun 1998;46(6):796-7.

5 Manabe K., Matsui T., Yamaya M., Sato-Nakagawa T., Okamura N., Arai H., and Sasaki H. *Sleep Patterns and Mortality among Elderly Patients in a Geriatric Hospital*. Gerontology 2000;46:318-322.

6 McDowell J.A., Mion L.C., Lydon T.J., and Inouye S.K. *A nonpharmacologic sleep protocol for hospitalized older patients*. J Am Geriatric Soc, Jun 1998;46(6):700-5.

7 Ersser S., Wiles A., Taylor H., Wade S., Walsh R., and Bentley T. *The sleep of older people in hospital and nursing homes*. J Clin Nurs, Jul 1999;8(4):360-8.

8 Passchier-Vermer W. and Passchier W.F. *Noise exposure and public health*. Environ Health Perspect, Mar 2000; 108 Suppl 1:123-31.