

CAMBRIDGE AIDS TASK FORCE

Structure and Program Summary

The Cambridge AIDS Task Force (CATF) was appointed by the City Manager in March 1987 at the request of the City Council. The Task Force was charged with evaluating the impact of the AIDS epidemic on the city and citizens of Cambridge. Since its inception, the Task Force has evolved a working structure that has both reviewed Cambridge's resources and capabilities and begun to develop programs and strategies. The following is a brief summary of the structure and programs as of November 1988.

Structure

The CATF has developed a structure to maximize the input and participation of all CATF members. Five subcommittees have been developed to carry on the bulk of the work of the CATF. These subcommittees are:

- * **Resources and Services** -- made up of people involved in providing direct services including health care and housing; this committee has developed a survey in cooperation with Arthur D. Little, Inc. of services and programs available to people with AIDS and/or HIV infection and is in the process of meeting with providers to develop an open forum for the exchange of information, ideas and resources.
- * **Education** -- made up of community educators, activists and medical personnel; this committee has been working closely with staff at Rindge and Latin to provide AIDS Awareness Week for all students as well as to develop a Peer Leadership Program in AIDS education. The committee is beginning to expand its efforts to parents as well as the community at large. A major effort to involve all of Cambridge is in the planning stages.
- * **Public Policy** -- made up of lawyers, program directors and policy specialists; this committee has reviewed Federal, state and local policies addressing AIDS and the workplace. A model policy has been developed and is being reviewed by the City Manager and the Commissioner of Health and Hospitals. Recommendations for Cambridge city employee training will follow.
- * **IV Drug Issues** -- made up of people involved in providing treatment, services and education for IV drug users and their families; this committee has recently formed and will be evaluating the IV drug situation in Cambridge, what services are available and what still needs to be done.
- * **Fundraising** -- made up of a cross section of CATF members; this committee has recently formed and will assist the Community Health Coordinator with strategies and ideas for developing funding for AIDS programs and services.

The CATF also developed a **Steering Committee** that puts in extra time considering the issues facing Cambridge and the CATF and makes recommendations to the CATF for consideration. The Steering Committee is composed of the Commissioner of Health and Hospitals, the Community Health Coordinator, the Chair of the Task Force, the Chair of each subcommittee and representatives from minority organizations.

Programs

PREVENTION/EDUCATION:

Parents as Sex Educators

Teens as Peer Educators

Bilingual Classes

Safety Net Parties

Community Outreach and Education

Speakers Bureau

SERVICES:

Multidisciplinary AIDS Program

Acupuncture Detoxification Program

Condom Distribution

Housing Development

The CATF has already achieved some significant accomplishments:

- * Pilot project for Detoxification by Acupuncture to assist addicted individuals while providing AIDS education
- * 10 units of Section 8 Set Aside Housing for people with terminal illnesses available through the Cambridge Housing Authority
- * Mandatory AIDS training for all Cambridge hospital employees
- * Development of a Multidisciplinary AIDS Program model to be integrated into the Cambridge Hospital system of care

SYNOPSIS: CAMBRIDGE CARES

The Cambridge AIDS Task Force is in the process of developing a comprehensive, city-wide approach to the AIDS epidemic. The response, called **Cambridge Cares**, combines interventions that encompass prevention-oriented education and multi-disciplinary services for people with HIV infection including AIDS. The following programs are in various stages of funding and development.

PREVENTION

- * **Parents as Sex Educators**: will provide training to Cambridge parents covering basic AIDS information, children's growth and developmental issues and proven communication techniques.

Status: beginning to initiate contacts with existing parent groups; sending a letter and survey to all parents of high school students (grades 8 - 12) in Sept. 1988; developing training formats. Funding needed.

- * **Teens as Peer Educators**: has been approved as an accredited course at Cambridge Rindge and Latin High School. This course will provide students with instruction in AIDS issues, skills in group communication and facilitation and placements within the community.

Status: Scheduled to start Sept. 1988; course has been developed by a team of representatives from Cambridge Rindge and Latin High School, Cambridge Dept. of Health and Hospitals, Cambridge AIDS Task Force, The Cambridge Hospital, Cambridge Family Planning, the Medical Foundation, Harvard School of Public Health, CHIP program. Funding applied for from a variety of private foundations.

- * **Bilingual classes**: are being developed for the many Cambridge students who speak English as a second language (49% of the students speak another language at home).

Status: Sessions developed for Spanish and Portuguese speaking students scheduled to start Sept. 1988; sessions for students speaking other languages need to be developed. Funding needed.

- * **Safety Net Parties**: a joint venture of the Cambridge AIDS Task Force, AIDS Action Committee and Action for Boston Community Development's Health Services to provide women a chance to meet in neighbor's homes to discuss AIDS and how they can prevent it. Hostesses and party facilitators are paid \$25.00 per party and gifts are available for guests.

Status: Parties are underway; 7 community residents have been trained as Safety Net Party facilitators; trainings for other residents desiring to become a facilitator are scheduled for Sept.-Oct. 1988. Funded by Massachusetts Dept. of Public Health.

- * **Community Outreach and Education:** utilizes the resources of community-based organizations and programs by expanding their capabilities to disseminate AIDS information, to involve neighborhood businesses and to provide case by case attention for people within their respective communities.

Status: Initial coordination of services has begun; development of a city-wide approach is planned for the fall of 1988; evaluation of resources needed for implementing the project has begun. Funding needed.

- * **AIDS Task Force Speakers Bureau:** plans to provide trained professionals to community groups and businesses to speak about the many issues of the AIDS epidemic and how Cambridge is working to make a difference. Topics to be covered include worksite AIDS education, barriers to practicing safer sex and implementing Universal Precautions and denial of susceptibility, etc.

Status: One Task Force member has volunteered to coordinate the speakers bureau; eight Task Force members have signed up to be speakers. Outreach activities are planned to begin in the fall of 1988. The Community Health Coordinator has been available to Cambridge residents and programs since April 1988. Funding not needed; speakers on pro bono basis; Community Health Coordinator funded by the City of Cambridge with full support provided by the Department of Health and Hospitals.

SERVICES

- * **Multidisciplinary AIDS Program:** offers a multi-disciplinary (psychiatric, medical, social service) approach to the care and treatment of people with HIV infection. This medically unique program will incorporate training of professionals interested in replicating the service model as well as the diagnosis process.

Status: Initial planning meetings have begun with representatives from all disciplines at the Cambridge Hospital and Neighborhood Health Center System; a proposal for a model team with treatment protocols has been presented to the hospital administration with favorable results. Start up funding is being sought with the expectation that the hospital will take over the program once it is generating revenues.

- * **Comprehensive Drug Treatment Program:** attempts to coordinate existing drug treatment programs, identify areas that need to be addressed and develop plans for outreaching to the drug using population.

Status: Initial planning meetings to coordinate existing services are planned for the fall of 1988; a model Acupuncture Detoxification Program has been established at Concilio Hispano and the Somerville Portuguese American League. Funding needed.

- * **Condom Distribution**: involves individuals and interested businesses in the wide-scale distribution and promotion of condoms.

Status: Preliminary work has been done to develop individuals and businesses interested in distributing condoms; contact has been made with a distributor of condom dispensing machines. Funding needed.

- * **Housing Development**: looks at the needs of people with AIDS and attempts to develop choices for them. Possibilities under consideration include special Section 8 Set Aside units, landlord/realtor donated units and 24 hours a day home units.

Status: Initial discussions with the Cambridge Housing Authority and the housing attorney for the AIDS Action Committee have led to the application for 10 units of Section 8 Set Aside housing for people with terminal illnesses. It is expected that HUD will approve the Housing Authorities application. Landlords willing to participate are needed.

CAMBRIDGE AIDS TASK FORCE

The Cambridge AIDS Task Force is composed of a cross-section of people including members of the police and fire departments, people with AIDS, physicians, nurses, social service workers, gay activists, community agency representatives, private sector representatives and members of the clergy. The membership of the Task Force draws people from diverse cultural and social classes. Founding members of the Task Force were appointed by the City Manager in March 1987 after the City Council passed a resolution calling for serious consideration of the AIDS epidemic and its implications for Cambridge. The Task Force developed some ambitious goals:

1. Prevention of further HIV infection among Cambridge residents;
2. Coordination of hospital and community-based resources for people with HIV infection;
3. Creation of new resources for care and housing when indicated;
4. Establishment of a process by which public and private sectors can collaborate on health promotion and disease prevention projects;
5. Addressing and preventing discrimination based on AIDS and HIV status;
6. Advocating for necessary funding and appropriate legislation in order to increase services and research related to HIV infection.

Cambridge Cares is the culmination of the work of the Task Force over the past two years. Funding is being sought as start up money for these programs. It is anticipated that after two to three years these programs will be integrated into already existing programs or will be generating their own source of income.

The Task Force is in the process of seeking funding for **Cambridge Cares** as well as implementing the prevention and service components. For further information, please contact Jennifer Burgess Wolfrum, Community Health Coordinator, Department of Health and Hospitals, 1493 Cambridge Street,

MULTIDISCIPLINARY AIDS PROGRAM (MAP)

Summary

- * Coordinate existing HIV services at The Cambridge Hospital respecting the hospital's emphasis on primary care and the integrity of the Neighborhood Health center system;
- * Improve HIV services by developing a multidisciplinary approach across disciplines that involves key people from medicine, psychiatry, nursing, social services and hospital support services in decision-making, planning and development;
- * Serve as a resource center and training facility for other health care providers including suburban hospitals and local physicians and health care providers;

Benefits

By providing more comprehensive services:

- * better diagnosis
- * more efficient treatment
- * more efficient use/access of hospital system and resources
- * less in-patient time
- * emphasis on out-patient services

By offering state of the art treatment:

- * earlier intervention results in minimal or no hospital in-patient time
- * less hospital time keeps hospital costs down
- * better treatment prolongs life and productivity of the infected
- * attracts other practitioners wishing to provide similar services resulting in increased revenue for the hospital from training programs

MASSACHUSETTS AIDS SURVEILLANCE
AIDS CASES IN CAMBRIDGE RESIDENTS
Cases Reported as of 9/30/88

	TOTAL=62	
	No.	%
<u>Transmission Categories:</u>		
Homosexual/Bisexual Male	39	(63)
IV Drug User*	6	(10)
Heterosexual Contact	12	(19)
Other	5	(8)
 <u>Sex:</u>		
Male	56	(90)
Female	6	(10)
 <u>Race:</u>		
White	36	(58)
Black	19	(31)
Hispanic	7	(11)
 <u>Age:</u>		
20-29	15	(24)
30-39	33	(53)
40-49	9	(15)
other	5	(8)
 <u>Condition:</u>		
Alive	27	(44)
Dead	35	(56)
 <u>Primary Diagnosis:</u>		
Pneumocystis carinii Pneumonia	41	(66)
Kaposi's Sarcoma alone	9	(15)
Other Opportunistic Diseases	12	(19)

*includes both heterosexual and homosexual IV drug users.

AIDS SURVEILLANCE SUMMARY: STATE AND NATIONAL COMPARISONS

Total Cases as of 9/30/88	Massachusetts		United States	
	No.	(%)	No.	(%)
	(1,803)*		(74,809)	
Residence				
City of Boston	758	(42)		
**Remainder SMSA	421	(23)		
Remainder State	434	(24)		
Subtotal	1613			
Out-of-State	190	(11)		
Transmission Categories (Adults)	1,769		73,621	
Homosexual/Bisexual Male	1,125	(64)	46,004	(62)
I.V. Drug User	288	(16)	14,238	(19)
Homosexual Male/I.V. Drug User	73	(4)	5,330	(7)
Hemophilia	29	(2)	703	(1)
Heterosexual Cases***	151	(9)	3,134	(4)
Transfusion Blood/Components	60	(3)	1,860	(3)
None of the Above	43	(2)	2,352	(3)
Transmission Categories (<13 yrs)	34		1,188	
Parent with AIDS/at risk for AIDS	27	(79)	927	(78)
Hemophilia	2	(6)	70	(6)
Transfusion, Blood/Components	5	(15)	154	(13)
None of the above	0	(0)	37	(3)
Primary Diagnosis (hierarchical order)				
Pneumocystis carinii Pneumonia	1,086	(60)	45,319	(61)
Other Opportunistic Diseases	510	(28)	22,615	(30)
Kaposi's Sarcoma	207	(11)	6,875	(9)
Sex				
Male	1,619	(90)	68,144	(91)
Female	184	(10)	6,665	(9)
Condition				
Alive	933	(52)	32,667	(44)
Dead	870	(48)	42,142	(56)
Race				
White	1,280	(71)	43,447	(58)
Black	350	(19)	19,707	(26)
Hispanic	160	(9)	10,979	(15)
Other/Unknown	13	(1)	676	(1)
Age				
Under 13	34	(2)	1,188	(1)
13-19	11	(1)	301	(0)
20-29	376	(21)	15,453	(21)
30-39	875	(49)	34,609	(46)
40-49	360	(20)	15,603	(21)
over 49	147	(8)	7,655	(10)

*Includes 190 cases meeting the revised case definition.

**Refers to the Standard Metropolitan Statistical Area within Rte 495.

***Includes 55 persons who have had heterosexual contact with high risk individuals and 90 persons born in countries in which heterosexual transmission is believed to play a major role.

FACTS ABOUT AIDS

AIDS, Acquired Immune Deficiency Syndrome, is a sexually transmitted disease that can also be transmitted (passed) in blood and blood products. AIDS is caused by a virus, Human Immunodeficiency Virus (HIV). HIV infects a person and destroys the immune system. As a person's immune system deteriorates, a variety of infections (opportunistic infections), cancers and other diseases can invade the person's body. When a person is infected with HIV and they go on to develop one or more diseases, they are said to have AIDS. HIV can be transmitted from

- * having sexual intercourse (anal, vaginal or oral) with an infected person or
- * sharing needles (usually during Intravenous (IV) drug use) with an infected person or
- * a pregnant mother to her unborn fetus

A look at the AIDS epidemic in the United States shows some disturbing numbers:

YEAR	# OF PEOPLE WITH AIDS		# DEAD FROM AIDS	
	U.S.	<u>Ma.</u>	U.S.	<u>Ma.</u>
1985	10,678	296	5,239	130
1986	23,115	588	12,640	303
1987	37,867	955	21,776	491
1988	66,464	1,599	37,535	776

(Numbers from the Centers for Disease Control and the Mass. Dept. of Public Health, taken from June-July, 1985-1988 reports)

- * AIDS is now the 8th cause of loss of life years in the U.S.
- * Scientists estimate that 1 1/2 - 2 million Americans are infected with HIV
- * In Cambridge there have been 53 reported AIDS cases as of March 1988. As of this date, Cambridge had the third highest number of AIDS cases per capita in Massachusetts.
- * Communities of color are being hit hard by the AIDS epidemic. The percent of AIDS cases in the Black and Latino communities is much higher than the percent of Blacks and Latinos in the general population.

AIDS and Adolescents

What is important to consider is that the HIV virus can incubate for 5 -10 years. Thus, a person can become infected with HIV at the age of 17 and not develop AIDS until the age of 22 or older. Therefore, although teenagers do not account for a large number of AIDS cases, it is as teenagers that many people become infected with HIV. This is significant when considering the following:

Concerns About Adolescents

- * average age at 1st intercourse: men = 15.7 / women = 16.2
- * over one million teenagers in the United States get pregnant each year
- * 1/2 of all sexually transmitted diseases (STD's) are found in patients 25 years old or younger

AIDS CAN BE PREVENTED

- * Sexual activity can be postponed (abstinence) and prepared for (Safer Sex).
- * The use of latex (rubber) condoms with a spermicide (non-oxynol 9 found in condoms, contraceptive creams, sponges and foams) during every sexual encounter is considered highly effective protection.
- * For people who can not say "no" to drugs:
 - don't share needles
 - clean needles with bleach (1 part bleach to 9 parts water; rinse two times with bleach & water solution; last rinse with water only; bleach injected can kill!)

CAMBRIDGE CARES

The Cambridge City Council resolved to address the AIDS epidemic. In the spring of 1987 the City Manager appointed a city-wide Task Force to

- * review services and policies
- * make recommendations
- * develop a response

By the summer of 1988 the Task Force had

- * surveyed over 70 Cambridge service providers resulting in the publication of a Resource Directory;
- * worked with the Rindge and Latin staff to provide an AIDS Awareness week for all public high school students;
- * evaluated employee AIDS policies from across the country and prepared recommendations to the City Manager including plans for employee training;
- * developed a comprehensive, city-wide approach to AIDS education and services;
- * hired a Community Health Coordinator to raise funding for a **city-wide approach, CAMBRIDGE CARES**, and to develop and implement programs and services.

Fact sheet prepared by Jennifer Burgess Wolfrum, Community Health Coordinator, Dept. of Health and Hospitals, City of Cambridge, 1493 Cambridge St., Cambridge, Ma. 02139, (617) 498-1663.

The Tab, July 19, 1988

United Front



City seeks to coordinate its AIDS efforts

"We have to get educators on the streets"

-Jennifer Wolfrum, Cambridge coordinator for AIDS programs

By Bill Premo

At a time when Cambridge has reported the state's third highest number of new AIDS cases in one year, public health officials are seeking to better coordinate existing services as well launch new efforts.

The city has applied for a \$2.5 million grant from a private foundation to start an AIDS prevention and treatment program called "Cambridge Cares." The funding would operate the program for three years.

As of July 1, 57 AIDS cases had been reported in Cambridge, according to state Department of Public Health figures. Cambridge tallied the third largest increase in AIDS cases in 1987 — behind Boston and Provincetown — with 20 new cases reported between April 1987 and this June.

One year ago, the City Council

approved an order co-sponsored by Councillors Alice Wolf and Francis Duehay to set up a Cambridge AIDS task force charged with looking at AIDS risks for the city's population, adequacy of health facilities and education about the disease.

The 40-member AIDS task force, appointed last summer by the city manager, and the city's AIDS program coordinator drafted the "Cambridge Cares" plan, which calls for creating new educational programs, expanding existing ones, and hiring community outreach counselors to work in the different neighborhoods.

Jennifer Burgess Wolfrum, hired by the city three months ago as the coordinator for AIDS programs here, says providing outreach to different minority community groups and their leaders is one of the most important aspects of the program.

"We have to get educators on the

streets," says Wolfrum. "When I drive around seeing people playing basketball on the playgrounds, I think 'this would be a good place for an outreach worker to hand out information and condoms.'"

TARGETING GROUPS AT RISK

The "Cambridge Cares" proposal calls for the following programs:

- Hiring eight community outreach workers to work with existing programs in the gay, Latino, Haitian, black and Portuguese communities to counsel residents in different neighborhoods about how to avoid AIDS.

- Teaching parents how to talk to child-see AIDS, page 23

PHOTO BY CHRIS STANLEY

AIDS, from page 1

zen about sex and AIDS. Parents, after receiving training from AIDS experts, could then help other parents.

• Training teenagers to teach their peers about how to avoid contracting AIDS. A program at Cambridge Rindge and Latin School would offer a one semester course in conjunction with the Harvard School of Public Health to potential teen counselors.

Bilingual curricula and AIDS information materials would also be developed for students, faculty and parents who speak a second language in addition to English.

• Starting "Safety Net Parties" where residents discuss the AIDS virus and how to avoid contracting it. The parties were originally started by gay men, one of the groups at highest risk for contracting the disease, as a way to discuss the effects of the disease and how to keep it from spreading.

Wolfrum says the parties in Boston and Cambridge have also been expanded to include women — particularly minority and low-income women who are especially susceptible because of intravenous drug use and the potential for having sex with men who have the virus.

• Beginning a "comprehensive" detoxification and treatment program for IV drug users as well as providing acupuncture treatment for drug users, and job training and job placement for recovering addicts.

The plan, which has not been submitted to the City Council for review, has been submitted to the Robert Wood Johnson Foundation, a charitable arm of the Johnson and Johnson Company. Wolfrum admits she has "no idea about the chance of Cambridge getting the money" although the foundation has already contributed \$20 million to other AIDS programs around the country.

Even if the proposal isn't funded by the Johnson foundation, Wolfrum says, funding will be sought from state, federal and private sources. "This program is good; we have a good chance of getting funded one way or another."

The city will know by the end of the year if its proposal will be funded, explains Wolfrum. The only funding provided by the city so far is to hire the program coordinator.

COMMUNITY REACTION

Representatives of community groups targeted by the "Cambridge Cares" proposal are receptive to the plan.

Jean-Robert Richard, AIDS coordinator for the Cambridge Haitian American Association and a member of the task force, says existing efforts need to be supplemented.

"We are trying through education and outreach to make people aware about the means of prevention," but getting into people's homes and educating them about the disease is hard to do, says Richard.

"People are working two or three different jobs so they are not at home," he says. His organization will welcome more help from outreach workers who can go into the streets to talk to people about the disease.

Richard notes Haitian teenagers face cultural pressures here not encountered in Haiti, where young people do not experiment sexually as early as American teens do.

"We are trying to get to youngsters," says Richard. "Because of the two cultures, people are starting earlier."

Concilio Hispano, an Hispanic social service organization, is another group where an outreach worker will be welcome, says Jorge Luna, Concilio's executive director, who has also been involved in the city's anti-AIDS efforts.

Noting the Hispanic population is one of the groups at high risk for AIDS, he says cultural and language barriers prevent some members of the community from getting information

about the disease.

Luna says Concilio "already has the trust of the community," and because of this it will be easier for AIDS counselors working with his organization to educate people in the neighborhoods.

"We are trying through education and outreach to make people aware about the means of prevention."

— Jean-Robert Richard,
AIDS coordinator for the
Cambridge Haitian
American Association

REACHING DRUG USERS

Across the country, the intravenous drug-using population is where AIDS is starting to explode, says Wolfrum, noting it is spreading faster in this group than in other high-risk populations. State health officials estimate there are between 600 and 1,000 IV drug users in Cambridge.

Dr. Paul Epstein, chairman of the Cambridge AIDS task force, says estimates are that one-quarter of all AIDS cases reported now are linked to IV drug use with a dirty needle. That means in Cambridge, approximately 15 of the AIDS cases reported could be related to IV drug use. "We're definitely seeing an increase at Boston City Hospital and in Cambridge."

In its drug treatment recommendations for the "Cambridge Cares" program, the task force steers clear of calling for a needle exchange program, instead focusing on setting up a "comprehensive" detoxification and treatment program for IV drug users.

Epstein says in order to help reduce the number of AIDS cases among IV drug users, drug detoxification programs must be improved. "There has to be an increase in the number of treatment slots as well as the quality of drug treatment."

A controversial proposal to battle the spread of AIDS, recently passed by the Boston City Council, but defeated in the Legislature, would call for a needle-exchange program for heroin addicts.

City Councillor Sandra Graham earlier this year proposed the city look into whether it is feasible to implement such a plan in Cambridge. Her proposal, however, was made before the defeat of the Boston measure on Beacon Hill.

The AIDS task force did not vote whether to recommend a needle exchange proposal, Epstein says.

Dr. Marshall Forstein, a medical doctor and a psychiatrist who has advised the task force, says there are "a wide variety of opinions" about a needle exchange plan. He says a needle exchange plan isn't the only answer to reducing the number of cases, but says a pilot exchange program should be considered.

SUPPORT AND PREVENTION

Psychiatric support for people who are diagnosed with AIDS is another point in the

"Cambridge Cares" plan stressed by Wolfrum. A medical-psychiatric team would try to help a person cope with the disease from the time he or she is diagnosed with it.

Forstein, who says he treats many AIDS patients, says some people are "overwhelmed" when they find out they have the disease.

Forstein also says some people risk contracting the disease after testing and need counseling. Those who test positive think they might as well do what they want because they are going to die anyway and people testing negative suddenly believe they will never contract the disease, he says.

Condom distribution is also addressed by the proposal. Wolfrum notes agencies and community groups could eventually distribute condoms "so a person would only need to travel a few blocks to find a condom distribution center and a person who can assist with instructions."

If the "Cambridge Cares" program is funded, Wolfrum says, it could kick off with a campaign involving newspaper stories, radio announcements and TV ads and wide-scale distribution of materials about the program.

THURSDAY, AUGUST 25, 1988

PAGE TWELVE

Group helps city develop AIDS plan

AIDS has become the buzzword of the nation, raising difficult social, ethical, legal and educational questions. As the federal government and health care researchers begin to tackle the problem, cities across the country are addressing the issues of AIDS through community awareness programs and preventive education. This includes programs in the areas of prevention, screening, treatment, care and social issues. In Cambridge, the city-wide AIDS Task Force is working on a proposal entitled "Cambridge Cares." This proposal is an overall project that will address the issue of AIDS in Cambridge with community outreach programs and services.

"The city-wide plan will outline how AIDS can be addressed by Cambridge residents," says Jennifer Burgess Wolfrum, community health coordinator for Cambridge. "We will be looking at what types of programs, education, and services can best be used in Cambridge."

Wolfrum, who works with the Cambridge AIDS Task Force, is coordinating a wide-range of programs for "Cambridge Cares," including educational activities, policy issues affecting the workplace and schools, and coordinating resources for people with AIDS.

The initial part of "Cambridge Cares" involves finding out what resources and services are currently available in Cambridge for people with AIDS, including housing and services. Also, the Task Force is talking with neighborhood health centers to find out which sites are providing care for people with AIDS and which sites plan to do so in the future.

"We are also developing ideas for alternative treatment centers for drug addicts with AIDS," says Dr. Paul Epstein, primary care physician at The Cambridge Hospital and chairman of the AIDS Task Force. "For example, in New York, acupuncture detoxification centers have been successful. We are discussing the possibilities of opening a clinic in Cambridge."

The "Cambridge Cares" proposal involves numerous community outreach programs and preventive education. The Task Force has been working with high school students in AIDS education and awareness programs. In April, there was a school AIDS Awareness Week which included lectures, discussions, presentations and question/answer periods.

"We are also working with members of the high school to plan a peer education course," says Wolfrum. "This will involve training students to talk to other students about issues, attitudes and values affecting AIDS in our society."

The Cambridge Task Force is also planning a program to train parents as sex educators. Parents can use these skills with their own children as well as to help other parents.

Another project being promoted by "Cambridge Cares" is Safety Net Parties. Wolfrum explains that Safety Net Parties are oriented toward community women, and discuss different aspects of AIDS including how people can protect themselves.

Outreach programs are also being coordinated with the Cambridge cultural groups such as Concilio Hispano, Cambridge Haitian American Association (CHAMA) and

the Somerville Portuguese American League (SPAL). These programs include community discussion groups, educational literature and individual services. Overall, the outreach efforts will be specifically designed to help people who have concerns about AIDS.

"We are also working on other community outreach programs," says Wolfrum. "These include a speakers bureau, training seminars for agency staff and getting area merchants involved in 'Cambridge Cares'."

Wolfrum, who was appointed to her position in April, is looking forward to implementing "Cambridge Cares." "It's a challenge for all of us to come up with solutions," she says. "We are on our way to providing the services and care we need for the community."

For more information on the Cambridge AIDS Task Force, contact Jennifer Burgess Wolfrum at extension 1663.

City of Cambridge

In City Council November 28, 1988

The Committee on Health and Hospitals conducted a public meeting on Thursday, November 17, 1988 beginning at 8:10 a.m. in the James F. Mahan Trustee Board Room at the Cambridge Hospital. The purpose of the meeting was to receive an update from the AIDS Coordinator for Cambridge.

Councillor Francis Duehay opened the meeting by stating that since it had been several months since a person had been hired to coordinate the City's efforts in this regard, now would be an appropriate time to receive an update.

Dr. Melvin Chalfen, Commissioner of Health and Hospitals, provided the Committee with a brief outline relative to the number of AIDS-related cases being seen and/or handled by the Hospital. Furthermore, he stated that the Cambridge Hospital believed strongly in the importance of education centering around prevention, as well as the seriousness of the disease itself. Several bilingual staff members of the Hospital have been working with several non-profit community organizations within the Hispanic, Portuguese and Haitian communities in particular. Furthermore, he stated that a Hospital-wide education program has been implemented, focusing on the disease prevention, as well as the policy on the treatment of AIDS patients.

At this time the Committee heard from Ms. Jennifer Burgess-Wolfrum, the AIDS Coordinator, who provided the Committee with a detailed analysis of reported cases within the Cambridge community, as well as a written summary of the program and structure of the Cambridge AIDS Task Force (CATF); (copy of which is enclosed). Ms. Wolfrum informed the Committee that current projections indicate that between 1 and 1.5 million people could be infected with the disease worldwide. She further outlined to the Committee the various educational seminars and workshops which have been conducted since her appointment, including an "AIDS Awareness" program at the Cambridge Rindge and Latin School, as well as "Safety Net Parties" which have been organized not only to educate people but to train them to educate others.

Councillor Duehay stated he was very pleased that so much is being done in this area and questioned whether or not additional resources may be needed to provide increased staffing in order to expand upon this informational program. He further questioned whether or not enough outreach is being done at non-public high schools and within the drug community.

Ms. Wolfrum responded that more work does need to be done in those areas.

Vice-Mayor Wolf questioned the number of AIDS patients with health insurance coverage who are seen at the Hospital.

Mr. John O'Brien, Hospital Administrator, responded by stating that although many patients currently seen with the disease aren't insured, the Hospital, through the recently enacted Compensated Care Bill will receive reimbursement equal to that of Welfare recipients.

Mr. O'Brien, in response to Councillor Sheila Russell, stated that AIDS patients, although generally in private rooms are not totally isolated from the Hospital population.

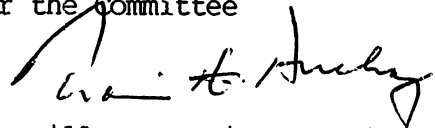
At this time, the Committee heard from Ms. Elaine DeRosa, Chair of the Health Policy Board, who outlined the Board's support and cooperation with the Task Force and congratulated the work done thus far by Ms. Wolfrum.

Mr. O'Brien stated he remains somewhat concerned with the issue of staff resources in this area due to the potential for so many new cases, and it is because of this the Hospital has been developing a variety of programs to encourage new people, both medical and non-medical to get involved.

Councillor Duehay requested a future memorandum be prepared providing the full City Council with the status of all of the programs outlined today, the functions of all those involved and what future needs which may have to be met in the upcoming Fiscal Year.

The meeting was adjourned at 9:42 A.M.

For the Committee



Councillor Francis H. Duehay
Chairman.

3.

S-733

Comm. from Joseph Connarton, City Clerk,
transmitting the report of Councillor Francis
H. Duehay, Chairman, Committee on Health &
Hospitals Re: status of activities by the Co-
ordinator for the Cambridge AIDS Task Force.

In City Council,

November 28, 1988

11-28-88

Placed on file.