C. C. 106

City of Cambridge

The Health and Hospital Committee held a public meeting on April 2, 1998, beginning at 5:45 p.m. in the Sullivan Chamber for the purpose of discussing the Cambridge Health Commission report "1998 Public Health Assessment: Improving the Health of Cambridge."

Present at the hearing were Councillor Katherine Triantafillou, Chair of the Committee, Councillor Kathleen Leahy Born, Councillor Kenneth E. Reeves, Councillor Sheila T. Russell, and City Clerk D. Margaret Drury. Also present were Robert W. Healy, City Manager; John O'Brien, Chief Executive Office, Cambridge Public Health Commission; Richard DiFilippi, Chair, Cambridge Public Health Commission Board of Directors; Harold Cox, Chief Public Health Officer; and many other city and health commission employees and board members.

Councillor Triantafillou convened the hearing and explained the purpose. She explained that there is a contract between the City of Cambridge and the Cambridge Public Health Commission in which the Commission provides health care services to Cambridge residents and the city makes annual payments to the commission. She stated that she anticipated that there will be more meeting on this topic since this is the first time that the City Council has reviewed this matter.

Councillor Reeves stated that Mayor Duehay wanted to say that a meeting should take place on Neville Manor.

Councillor Triantafillou then invited Mr. O'Brien to make a presentation. Mr. O'Brien introduced the many Commission staff and board members present. Mr. O'Brien then thanked the committee for the opportunity for the first public hearing on the public health assessment. He distributed an organizational chart (Attachment A) and outlined the history of the creation of the Cambridge Public Health Commission. He stated that as CEO of the Public Health Commission, he himself has the overall responsibility for public health in Cambridge, but the Chief Public Health Officer Harold Cox actually oversees the public health work. The Public Health Commission has nineteen members, the City Manager appoints two members.

From a regulatory standpoint, the most significant board is the Joint Hospital Board; there are several regulatory functions that are required by statute. There is a Joint Public Health Committee, with a subcommittee, the Cambridge Public Health Subcommittee, which is responsible for public health issues that relate strictly to Cambridge, such as the Cambridge Public Health Assessment.

With regard to the public health assessment, much of the work is informed by the Health of the City Task Force. There is a Health Information Resource Office, which has been in existence for two years. This office provides the data that is crucial to the health assessment. Mr. O'Brien noted that they took a different approach in this year's assessment.

Harold Cox then gave a presentation on the Public Health Assessment. He presented slides which summarized the key points and distributed printed copies (Attachment B). The differences from last year are that it is shorter, more focused and specific, and defines a process for obtaining community impact. This is a process book and a more approachable data source. The staff chose six areas to focus on, violence prevention, access to health care, substance abuse, HIV/AIDS, health promotion and environmental health.

Mr. Cox highlighted some areas of health in Cambridge, compared with Massachusetts statistics and the indicator goals set forth in the Center for Disease Prevention's Healthy People 2000 report. Cambridge is on target for prenatal care in the first trimester, and better than the state in immunization. However, in the area of what percentage of the population has no physical activity, Cambridge falls short of the goals for health.

Mr. O'Brien noted that the Healthy People 2000 goals are just benchmarks, we do not stop when we reach them. He stated that the summary document "The Health of Cambridge At A Glance: is a good tool for discussion, but he noted that it is a broad brush, there is much more detail in the backup book, which is what must be used for in depth analysis.

Councillor Reeves stated that the real rash of teenage pregnancy is in the young teen population, so the teen data is important. Mr. O'Brien noted that this is the fifth year of the Teen Health Survey. The first was in 1989, so there is good information available about trends over time.

Councillor Triantafillou invited members of the committee to ask questions.

Councillor Russell asked whether there was comparative data as to the difference between cities that do not give out condoms.

Councillor Reeves stated that he is doing work on African American men at MIT and he read in one source that domestic violence among African Americans is five times higher than the national average. What about Cambridge? Richard Wright stated that the data for Cambridge could be broken down by race. He cautioned that most data comes from police reports, which may skew the data.

Councillor Reeves stated that he would be interested to see whether Cambridge is the same or difference and if Cambridge, too, has five times more domestic violence among African Americans, is there five times as much outreach to that population? He stated that he would like to see more breakdown of data about HIV/AIDS in Cambridge; there are a lot of national reports and he would like to see comparative data from Cambridge.

Mr. Cox stated that the domestic violence area is one where the Commission knows that it wants better data. Mr. Cox provided some additional statistics regarding AIDS in Cambridge and described a program and study that Cambridge is participating in to reach people who are most at risk of not being able to maintain the necessary treatment regimen.

Mr. O'Brien stated that there was a recent presentation on the Changing Face of AIDS to the Joint Public Health Board. The board then deliberated the emerging policy ramifications to make recommendations to the Public Health Commission.

Councillor Reeves asked about the organizational chart on page five. Mr. O'Brien explained the organizational chart. He explained that the Health of the City is an alliance between the health system and the universities. Somerbridge is an entirely different approach; it is focused on working with community groups.

Councillor Reeves stated that he would like to see a written description and Mr. O'Brien stated that he would provide one.

Mr. O'Brien noted the importance of ensuring a "complimentarity" of public health programs and acute care.

Councillor Reeves stated that he does not have a very clear understanding of this structure. Councillor Reeves also noted the new crisis of thirteen and fourteen years olds selling marijuana. He wants to know that the system is responsive to current crises situations. His issue is accountability.

Mr. O'Brien stated that Cambridge has more capacity for data analysis than most cities its size in the United States. The growing use of marijuana among teens showed up in their data three to four years ago, and there are programs addressing this.

Councillor Born asked whether there had been any attempts to look at statistics related to positive measures of health.

Mr. Cox stated that there are many measures that measure health status. Many of the indicators are negative, but there are also some positive markers.

Mr. O'Brien stated that there are some very standard markers that give a good indication, such as prenatal care in the first trimester, immunizations, etc. Overall, Cambridge is doing quite well, with some very significant concerns, particularly with respect to some communities of persons of color. He stated that there are thirty outreach workers whose sole responsibility is to go out to find uninsured people and get them enrolled in one health system or another.

Councillor Triantafillou agreed that a very basic question is "What is healthy?" The next is how do you measure health. In going from eleven areas to six, what has happened to the others? Mr. O'Brien stated that work is ongoing in all of the areas. The Health at a Glance report chooses six issues for a focus of the report but there is work in all of the areas.

Councillor Born asked how can the City Council facilitate its understanding of this information and how can it provide input and feedback regarding the policy issues. She stated that she has tried to look at what is the problem, what is the goal, what is the outcome? Councillor Born stated that she is having a difficult time trying to determine how to measure whether the contract is being fulfilled. The report does not give this information. Is there a way to get this information?

Lee Swislow, Chief Operating Officer, stated that it sounds like another document could be useful. One way to figure out whether a city is healthy is to look at data and compare it with data from other places. These six area come from areas where there were concerns and where the commission has tried to look at this issue and work on the area over time. One thing that drops out is the Commissions's response to emergency problems. If we put it all in, we get the 1997 document, which is full of interesting data, but hard to use to keep focused issue discussions on track.

Councillor Triantafillou and Councillor Reeves both stated that they like the comprehensive document.

Mr. O'Brien added that, for example, Cambridge has the best mental health program in the country. It is not highlighted because it works so well. This report highlights areas that the Commission is concerned about and believes the City Council should be concerned about.

Mr. Cox noted that the Commission knew early about marijuana use by young teens from its own data, and was able to assist the Department of Human Services in working on the issue. Jill Herold, Assistant City Manager for Human Services, described the health trainers programs at the Youth Centers, and their work on this issue.

Councillor Triantafillou asked about incidence of smoking among teens. Lynn Schoeff, Public Health Commission, stated that the statistics are slightly up among girls, but almost level overall, which is much better than the state wide statistics. Councillor Triantafillou stated that there are a lot of programs related to reducing smoking.

Ms. Eileen Sullivan, Tobacco Control Program, noted that there is still not a lot of information about how to change behaviors.

Ms. Schoeff stated that it is very significant that smoking of tobacco has not gone up as it has in other parts of the state.

Councillor Triantafillou suggested a follow-up meeting on these issues.

Mr. O'Brien stated that the Public Health Commission wants to talk more about the process of engaging the public in the public health discussion and the tobacco issue. There is also need for a discussion of Neville Manor.

Councillor Triantafillou asked why there is a huge increase of chlamydia. Mr. O'Brien said that they would report back on this question.

Councillor Reeves asked about programs addressing AIDS. Mr. Cox listed several programs. Councillor Reeves asked about what specific Black outreach exists in Cambridge. Mr. Cox stated that he would like to come back with the information at the next meeting.

Councillor Reeves stated that there is new foundation funding to look at sports as a conduit for health. Northeastern University appears to be a real center of activity in this area.

Ms. Schoeff stated that the Healthy Children Task Force is moving toward focusing on physical activity and healthy eating.

Mr. O'Brien stated that he would come back with a detailed report about HIV and African Americans in Cambridge.

Councillor Triantafillou thanked all those present for their attendance and for the hard work of the Cambridge Public Health Commission.

Councillor Reeves congratulated the Commission for having a job fair.

The meeting was adjourned at 7:35 p.m.

For the Committee,

Councillor Katherine Triantafillou
Chair

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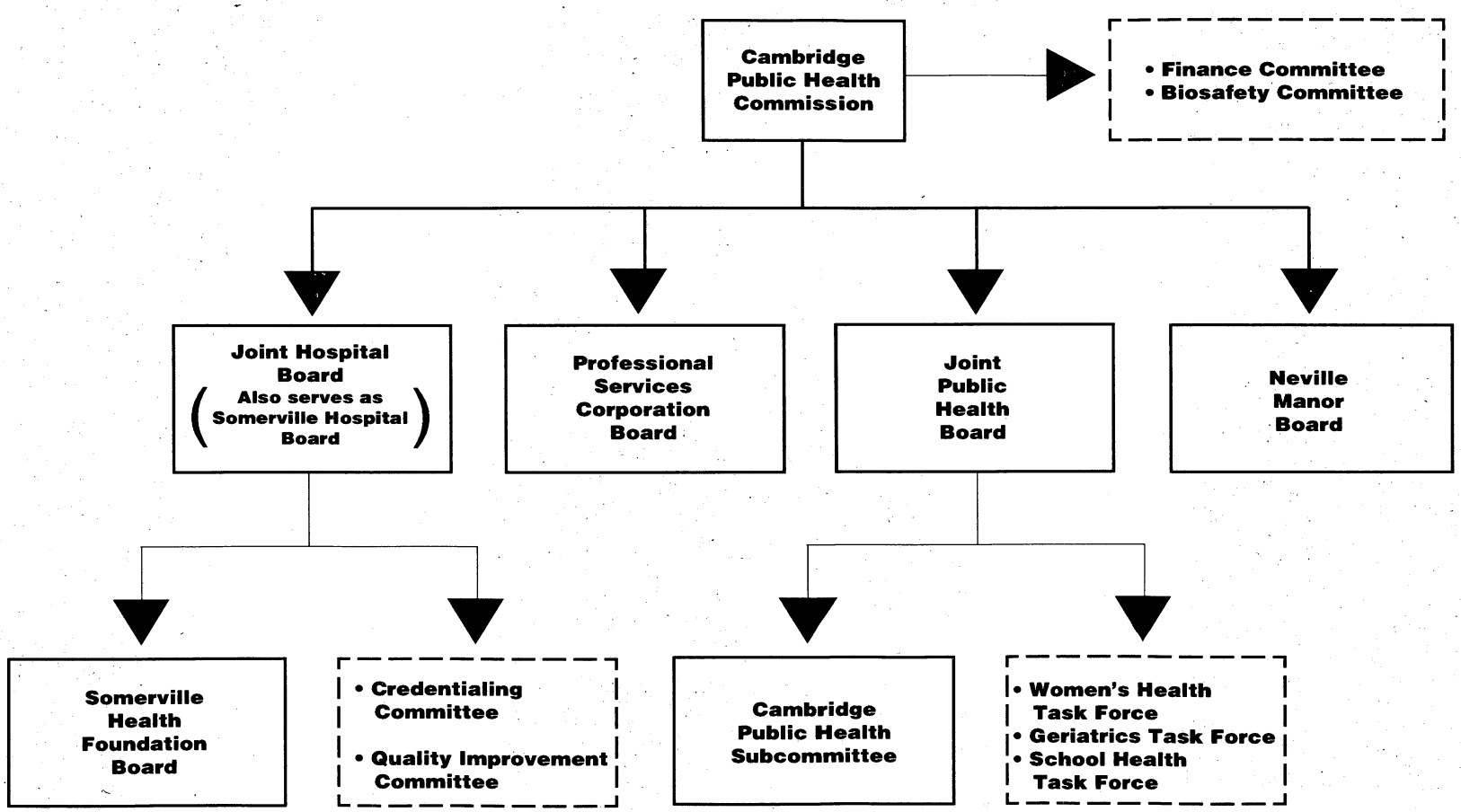
CAMBRIDGE PUBLIC HEALTH COMMISSION
GOVERNANCE



2/18/98

Public Health Assessment

Purpose: Report to Cambridge City Council about important Public Health issues

Prioritize the Public Health work of the Cambridge Health Alliance

Differences From Last Year

- Shorter
- More focused/specific
- Defines a process for obtaining community input

Key Areas

- Violence Prevention
- Access to Health Care
- Substance Abuse
- HIV/AIDS
- Health Promotion
- Environmental Health

Components of Assessment

- Environmental Assessment
- Process for Community Input
- Agenda For Children
- Cambridge At A Glance

Cambridge At A Glance

	Cambridge	Mass	HP 2000
Prenatal Care in 1st trimester	89%	89%	90%
Immunizations	80%	74%	90%
% of no physical activity	*	51%	15%

Cambridge At A Glance

	Cambridge	Mass	HP 2000
Domestic Violence Police Reports	999	*	*
Suicide Attempts (teens)	7%	10%	2%
Alcohol & Drug Hosp. Admissions (Rate per 100,000)	1097	546	*

Cambridge At A Glance

	Cambridge	Mass	HP 2000
Cigarette Smoking (teens past 30 days)	13%	37%	6%
Persons with AIDS	334	12,504	*
% of teens having sexual activity	44%	46%	15-40%
condom use during last sexual encounter (teens)	78%	56%	60-75%

The Assessment Model

- Identify public health priority areas
- Identify stockholder in each priority area
- Exchange information on the environment
- Assess strengths, weaknesses, opportunities and threats

- Select one or two priorities within topic areas
- Implement new action steps and measurement protocols
- Reevaluate the priorities, goals, action and measurement strategies in each subject area
- Reevaluate the model
- Summarize and report on the work of each group

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Katherine Triantafillou by JJ

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Committee Report #4 3785

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In City Council May 18, 1998

Report Accepted

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