Ms. Swislow provided an overview of the Picher Institute survey process, which focuses on patient satisfaction measures. This has been an ongoing process in the emergency department over the past year, and now encompasses other clinical services as well.

Councillor Triantafillou asked if there would be follow-up to that survey. Mr. O'Brien stated that the system will be re-surveyed in the next year.

Ms. Swislow then reviewed the area of clinical services provided under the contract between the City and the Cambridge Public Health Commission (**ATTACHMENT A**). She noted with pride that the hospital has recruited two new women surgeons. Ms. Swislow stated that the system has done a lot of work in the area of geriatric services over the past year. She noted the increase in dental services capacity through the new Windsor Street Clinic.

Ms. Swislow noted the challenge of having no OB-GYN chief for most of the year. The new Chief of OB-GYN will start in the next two weeks. She described the movement towards comprehensive women's health services.

Councillor Triantafillou asked about the linkages of geriatric services and the Senior Center. Jill Herold said that there is a co-location of three elder services programs at the Senior Center, the Senior Health Center, the Windsor House Adult Day Health Program and the Senior Center itself. In addition there is programmatic interaction through the Senior Center Wellness Committee and joint program planning.

Councillor Triantafillou asked about the volume of usage at the neighborhood centers. Mr. O'Brien stated that usage has been increasing at about ten percent over the past few years. This year the increase has been more like five to six percent.

Mr. O'Brien noted that smaller health centers are not competitive in this era. Neighborhood health centers are the lifeline of the hospital and feed some of the surplus-producing programs, but they lose money. All sizes of health centers need to be subsidized. Primary care is the area in which the entire health care industry is losing money.

Ms. Swislow said that the system is looking at changes in demographics. She noted that the demand for interpreter services is growing.

Councillor Triantafillou asked if there are specific records for each health center. Mr. O'Brien said that very detailed records are kept.

Councillor Davis stated that there was a trend emerging in her neighborhood, in which two people took an over-the-counter drug called, "Invigorate" and had to be hospitalized. There was a similar case two weeks ago. She asked how the Public Health Department can get the word out to the public about this issue.

Mr. Cox stated that a newsletter is going out to the public soon, and his department will take a look at this situation. Mr. O'Brien stated that these are reasons to reach out to the public in an emergency situation.

Councillor Davis asked whether the Public Health Department is looking at best practices in getting health information out to the public. Mr. Cox said that the information has been most helpful for community organizations who are writing grants. The department is still looking at what are the best initiatives for getting information out the public on health.

Mr. O'Brien stated that the system has a lot of expertise in the priority areas; e.g., violence prevention, the agenda for children.

Councillor Born asked where the money is going to come from to cover the losses in the health care industry. Mr. O'Brien said that most are taking it from their endowments. Care Group is taking money from its endowment.

Children's Hospital will lose $77,000,000 - $78,000,000, but they have $800,000,000 in the bank. The smaller hospitals are in big trouble, e.g., Quincy Hospital.

Mr. O'Brien stated that what is more worrisome is that the Medicare cuts under the Balanced Budget Act are cumulative, and in two to three years, they will be very significant. He said that Cambridge Hospital will have $5,000,000 to $15,000,000 in losses.

Mr. de Fillippi said that, statewide, this is the biggest financial crisis yet. It is even bigger in Massachusetts because there is a big component of teaching hospitals in this state. There must be structural change in regulating reimbursement or the entire system will go under.

Mr. O'Brien stated that it is going to take time for the lawmakers to understand this change. Up until a couple of years ago, hospitals were making money. He said that political advocacy is needed to increase funding for Medicare. There is a $120 billion cut nationwide over the next five years in the Balanced Budget Act. When the cuts were envisioned there was money being made on Medicare. That is no longer the case.

Councillor Born asked about the present losses. Mr. O'Brien stated that there is a $9,000,000 operating loss, but on the bottom end, the loss will be $300,000 - $400,000 because of free care reimbursement. Councillor asked whether there is still enough money to complete the building project. Mr. O'Brien answered in the affirmative. He stated that it is an $80,000,000 project, with $30,000,000 from City and it will not need any additional money from the City.

Councillor Born asked if the project is on budget. Mr. O'Brien stated that the scope has been expanded and will add about $6,000,000 to the overall cost.

Mr. O'Brien stated the biggest difference between the Cambridge system and others is that this system employs all of its own doctors; it has thirty to forty outreach workers, a free-care outpatient pharmacy, dental care and teen health services.

Mr. Cox then described the Health Department activities, and submitted a written report (**ATTACHMENT B**). He thanked Lynn Schoeff and Dr. Ellen Kramer for their work in developing the presentation and invited Dr. Kramer to present the data.

Dr. Kramer began her presentation with the issue of access and presented data about immunization of children by the age of two years. Ricki Lacy, Department of Public Health, described the immunization monitoring. This year there was a concerted effort to ensure immunization of all incoming kindergarten children. They began reviewing records in June and found that out of five hundred records, four hundred had incomplete documentation. By the end of the first week of school all but four children were appropriately immunized. This year, the project started in January. The other program is the newborn home visiting program in which public health nurses visit all parents of newborns in a pilot project in North Cambridge. The goal is to make sure that parents are connected to available services and that kids are healthy.

Councillor Davis asked about asthma treatment for kids. Ms. Swislow said that a lot of this is happening through the primary care physician services, and a great deal of the work is education regarding appropriate care. Councillor Davis stated that she has an asthmatic son and her experience with having him in school has made her aware of a variety of issues. One is the dusty, poorly ventilated environment, and there is the issue around taking medication at school. Ms. Lacey said that seven percent of kids at school have an asthma-related diagnosis. In grades K-8, the nurses hold the medication.

Ginny Schomitz, Department of Public Health, said that last year there was a group of Harvard Public Health students who did a small study regarding young adults and asthma. Certainly, the Health of the City has asthma on the agenda.

Councillor Davis noted that there have been two asthma-related fatalities of young children in Cambridge. As a community, it is important to take preventative measures.

Harold Cox stated that the Public Health Department is currently looking at the possibility of government money from the Center for Disease Control on how to have a healthy home.

Councillor Born asked if there is a genetic predisposition to asthma. Ms. Lacy said that there is evidence of a genetic predisposition, and there are also many more environmental triggers than there used to be, including triggers in the classroom.

Mr. Cox said that local communities are starting to address this issue in many different ways, including looking at indoor and outdoor environmental factors.

Councillor Triantafillou said that she was amazed at the number of children who do not have dental treatment. She asked about the reasons for these numbers.

Lynn Schoeff said that there are only two out of eighty-three dentists in Cambridge that will take medicaid, so there is limited access. The Public Health Department has been working with the schools to screen all kids in grades K-4. Kids in some need are given a referral list to take home. When the child's need is a serious, immediate need, the parent is contacted and assisted in finding care. This year the plan is to follow up on all those referred.

Mr. O'Brien stated that the issue is money. The Cambridge Health Alliance has a new Chief of Dentistry, Dr. Chet Douglas. The demand is enormous. Before the new Windsor Health facility, there were two dental chairs at the Cambridge Hospital and the average wait was six months. In the next twelve to eighteen months, with the new faculty and staff, there can be an enormous dent made in the dental problem.

Councillor Triantafillou asked about the public response to these initiatives. Ms. Lacy stated that by and large the response has been very positive. Ms. Schoeff said that with regard to the dental program, the parents have been grateful for assistance in getting the dental care.

Mr. O'Brien stated that the next issue is going to be the families just over the line of poverty. Councillor Davis noted that there is also a huge problem with vision needs.

Dr. Kramer then moved to a presentation of material about AIDS. She noted the increasing proportion of diagnosis of AIDS for women in Cambridge.

Councillor Triantafillou asked why there is more AIDS in Cambridge than the Massachusetts average. Dr. Kramer stated that the countervailing concern for patient privacy has a big effect on the AIDS data. Mr. Cox said that many people go to communities other than their own and to larger communities for treatment to maintain some anonymity. Dr. Kramer noted the race differential. The rate of persons of color diagnosed with AIDS is higher than that of white persons.

Mr. Cox described the AIDS racial disparities project which is making federal funds available to study and work on this issue, and then discussed the drug adherence project at the Zinberg Clinic, which is part of a statewide study on how to help AIDS patients maintain the strenuous medication regime of the AIDS cocktail.

Councillor Reeves stated that he would like to have more data about the changes in who has the disease and what different treatments are required.

Councillor Triantafillou asked why substance abuse keeps going up, even though the money spent on related programs keeps increasing.

Dr. Kramer stated that the data points out that in terms of tobacco, the state use is still higher than Cambridge use. Both are increasing, as is the national rate of use. So even holding the Cambridge use below these levels can represent a high level of impact.

Councillor Triantafillou said that Dade County has experienced a seventeen percent decrease of tobacco use among teens because of their programs.

Ms. Schoeff said that the City has less funding for substance abuse and tobacco use now. A few years ago, when there was more money, the rates were even further below the state rates. Councillor Davis suggested having a separate hearing on this matter.

Councillor Triantafillou asked whether there has been an increase in teen pregnancy. Lynn Schoeff said that the number of teen pregnancies is very low. The number of teens engaging in sexual activity has gone down.

Councillor Triantafillou asked why kids' fights increased up to grade nine and then decrease. Lynn Schoeff said some is developmental, and some has to do with starting all over again at the high school in the ninth grade.

Councillor Triantafillou asked whether the focus areas will continue to be the same as those in this report. Mr. Cox said that these six areas will continue to be focus areas, but they will also continue to look at the data.

Mr. O'Brien said that there will be a more in-depth process with the board in terms of the possible re-allocation of resources.

Councillor Born noted her interest in the issue of childhood obesity, the network health plan, and the computerization issues. She complimented the Cambridge Health Alliance on the report and noted especially the Environmental Health material as an enormous improvement. Mr. Cox expressed appreciation for the work of Sam Lipson.

Councillor Triantafillou thanked all those present for their attendance.

The meeting was adjourned at 12:22 p.m.

For the Committee,

Katherine Triantafillou

Councillor Katherine Triantafillou
Chair

F:/1999CommitteeReports/040699HEALTHandHOSPCommMtg

I.

- Inpatient and outpatient surgery
- Inpatient and outpatient orthopedics
- Medical and surgical subspecialty programs

II.

- Inpatient and outpatient medicine
- Comprehensive pediatric services
- Comprehensive geriatrics services
- Neighborhood health centers
- Nutrition services
- Dental services

III.

- Inpatient and outpatient OB/GYN
- Midwifery program
- Comprehensive women's health services

IV.

- Inpatient and outpatient mental health and addictions
- Victims of Violence
- Linguistic mental health teams

V.

- Emergency department, including emergency
- Psychiatric services
- AIDS programs
- Health Care for the Homeless

1999 PUBLIC HEALTH ASSESSMENT
April 6, 1999
Report to Health and Hospitals Sub-committee

Introduction – John O'Brien

Hospital Report and Overview – Lee Swislow

Overview: Public Health Assessment – Harold Cox

1999 Public Health Assessment: Data – Ellen Kramer
Programs – Ricki Lacy, Sam Lipson, Lynn Schoeff

1. ACCESS TO HEALTH CARE

CHILDHOOD IMMUNIZATION
Children who have primary health care are more likely to be fully immunized.

Kindergarten Immunization Project
- Goal is to ensure that all children are immunized prior to starting school.
- All 550 kindergarten records were reviewed the summer of 1998.
- Families of 280 children without documented immunizations were contacted.
- All but 4 children had documented immunizations by the end of September.
- A nurse was present at kindergarten registration in January 1999 to speak with families about immunization and to facilitate appointments and health coverage.

Newborn Homevisiting Pilot Program
- Home visits are offered to families of newborns in North Cambridge to assist parents to be confident, competent and connected to health care and to assure that children are healthy and thriving.
- Program expansion will be accomplished with community partners to provide visits throughout Cambridge.

CHILDREN'S DENTAL HEALTH PROGRAM
- The dental program provides education, screening, referral and follow-up.
- Dental screenings have been provided to 1-4 grade students in Cambridge Public Schools, the Banniker Charter School and in seven pre-schools serving low-income children.
- Approximately 1700 students have participated to date.
- Study showed that over half of children screened (907) were referred for care and 5-10% of those children were in need of urgent care.
- Increased access to pediatric dental care is expected with the new Windsor Dental Clinic.

2. AIDS
   - Current AIDS data reflects infection that occurred several years ago.
   - The proportion of women diagnosed with AIDS has steadily increased.
   - There are higher rates in blacks than in whites.
   - The Cambridge Health Alliance is working with the Congressional Black Caucus Racial Disparities Project.
   - The Multi-disciplinary AIDS Program drug adherence project assists patients in following difficult, complex medicine regimens.

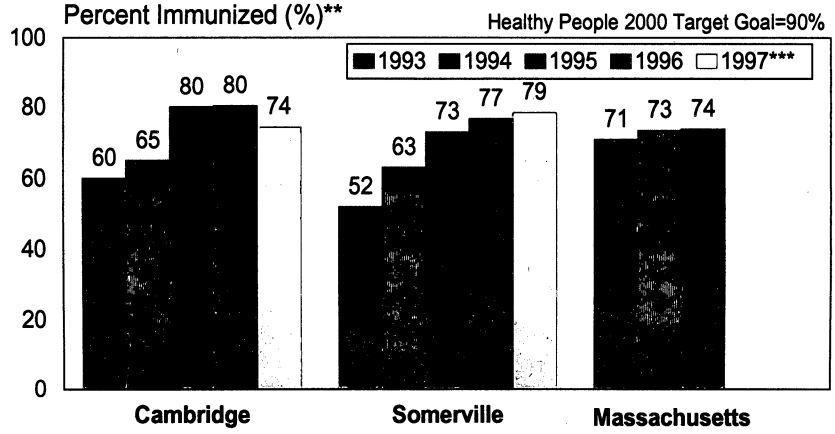
3. ENVIRONMENTAL HEALTH
   - Lead poisoning rates in Cambridge have declined.
   - Blood-lead screening of children has also declined.
   - Residential de-leading rates in Cambridge have been high, largely due to the success of Lead-Safe Cambridge (Community Development Department).
   - Indoor air quality contributes to respiratory illnesses among vulnerable populations.
   - Healthy Homes initiative would address residential hazards associated with asthma and lead exposure.
   - The Public Health Department is addressing hazardous waste sites in collaboration with concerned residents.

4. SUBSTANCE ABUSE
   - Alcohol, tobacco and marijuana use by high school students has increased in recent years, although still below state rates.
   - A collaborative effort to address this serious concern has led to two projects:
     - Screening of middle school-aged children through primary care practices.
     - Technical assistance to community-based organizations with peer leadership programs.
   - New questions have been added to the student health surveys to help identify potential prevention and intervention points.
   - Wider focus of tobacco retailer compliance checks will include other forms of tobacco besides cigarettes.
   - Proposed strengthening of the tobacco ordinance would protect children by tightening youth access and by limiting exposure to environmental tobacco smoke.

5. HEALTH PROMOTION/DISEASE PREVENTION
   - Mortality from heart disease and cancer differ by race and sex, with the highest rates among black men.
   - Heart disease and cancer are the leading causes of death for black men, with strong links to tobacco use.
   - The Prostate Screening Initiative provides education and screening to black men through outreach to Cambridge churches
   - The Flu Clinic initiative is another effort to prevent disease among other vulnerable populations, with special attention to the elderly.
   - Socks project - April 5 -12, 1999

Children Fully Immunized* at 2 Years of Age

Cambridge and Somerville Community Health Centers: 1993-96

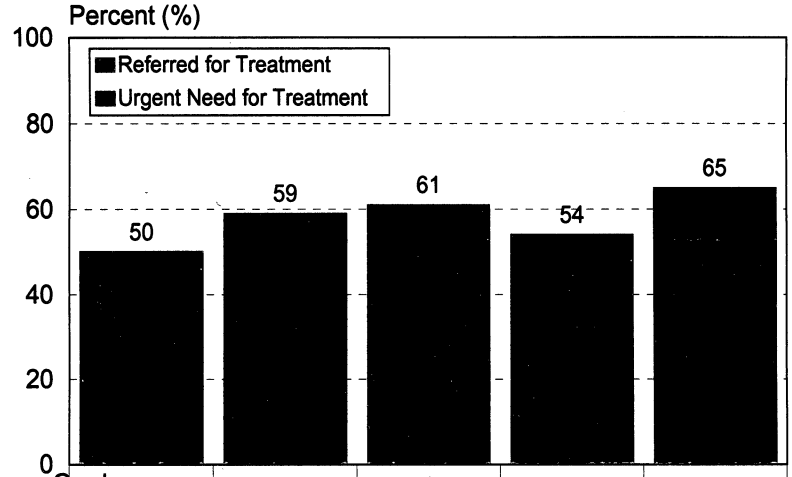


*Full immunization at 24 months : 4 doses of Diphtheria, Pertussis, and Tetanus, 3 of Oral Polio, and 1 of Measles, Mumps, Rubella vaccine.
**Mean percent for the health centers that provide pediatric care (5 in Cambridge and 3 in Somerville)
*** 1997 data should not be compared with the results of prior assessments because the number of sites selected was small and the sites were not randomly selected, Health and Human Services, Mass DPH.

Source: Immunization Action Project of Cambridge, Chelsea, and Somerville; and Communicable Disease Surveillance Program, Mass. DPH

Dental Health Screening Program

Cambridge Elementary Schools: 1997-98

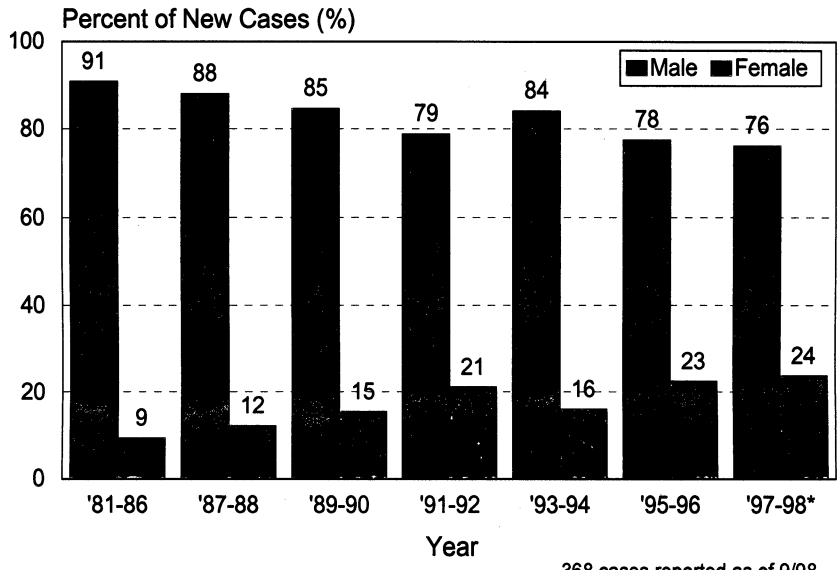


Grade	1	2	3	4	ungraded
# Screened	296	262	305	289	32

Total children screened=1,184
Source: Children's Dental Screening Program, Cambridge Public Health Dept., 1997-98

AIDS by Year of Diagnosis and Sex

Cambridge Residents: 1981-98

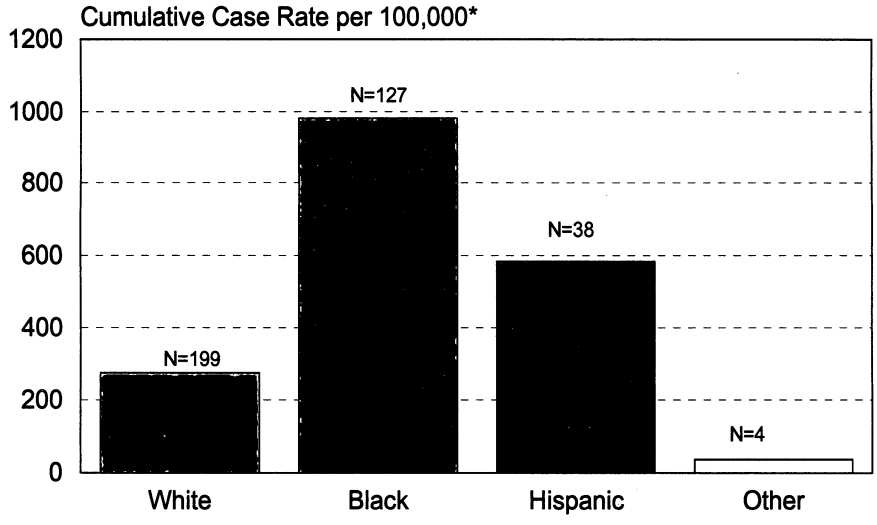


Source: AIDS Surveillance Program, Mass. DPH

368 cases reported as of 9/98
*Incomplete due to reporting lag

AIDS by Race/Ethnicity

Cambridge Residents: 1981-98

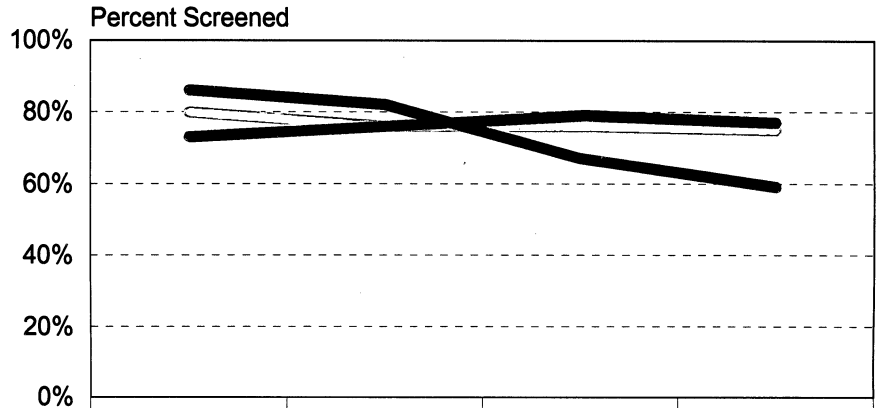


Source: AIDS Surveillance Program, Mass. DPH

368 cases reported as of 9/98
*Rates are race specific used 1990 U. S. Census

Screening Rates for Blood Lead Levels

Children 6 Months to 6 Years of Age
Cambridge, Somerville, and Boston: 1994-97

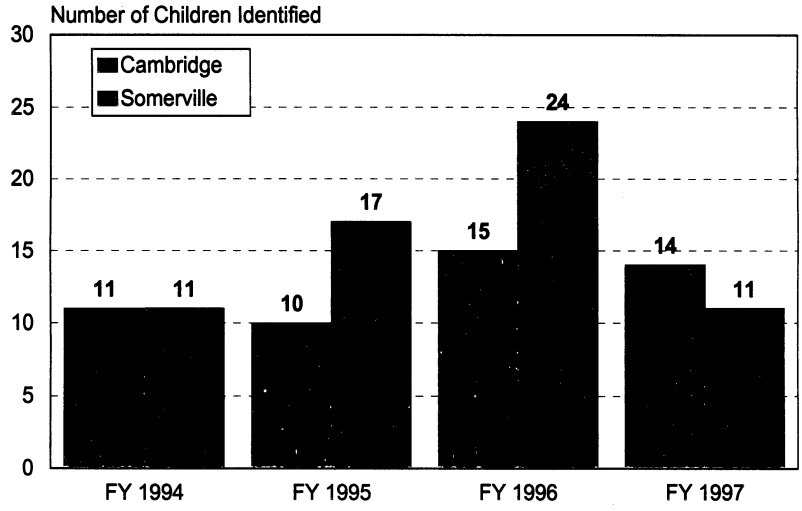


	FY 1994	FY 1995	FY 1996	FY 1997
Cambridge ▬	86%	82%	67%	59%
Somerville ▬	73%	76%	79%	77%
Boston ▭	80%	76%	76%	75%

Source: Massachusetts Lead Poisoning Prevention Program, Massachusetts DPH

Elevated Blood Lead Levels*

Children 6 Months to 6 Years of Age
Somerville and Cambridge: 1994-97

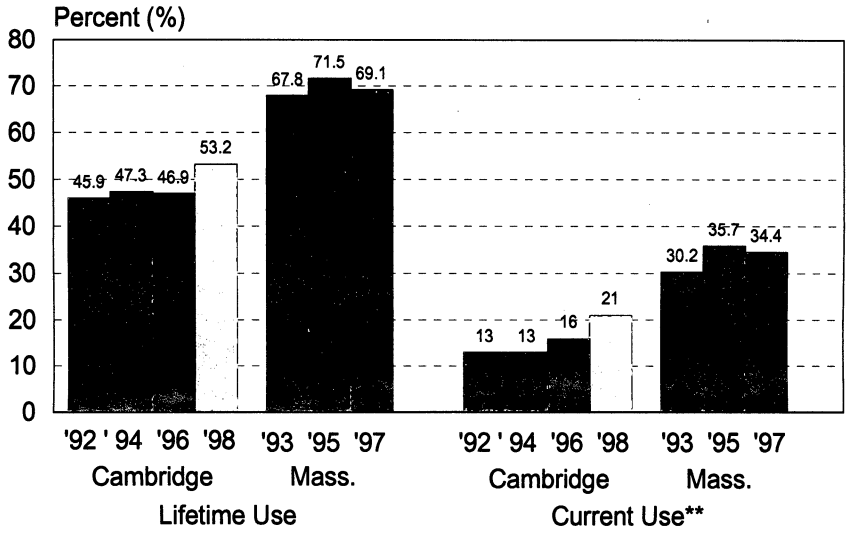


* ≥ 20 mcg/dL

Source: Massachusetts Lead Poisoning Prevention Program, Massachusetts DPH

Tobacco Use Among High School Students

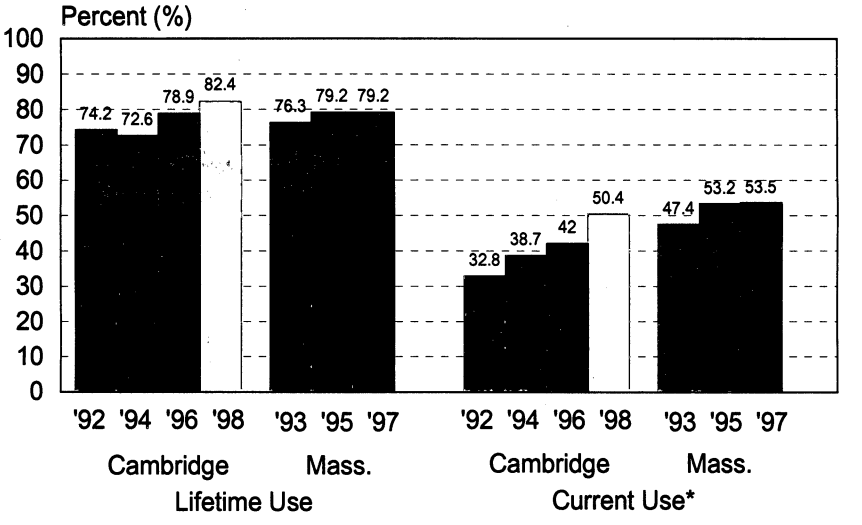
Cambridge and Massachusetts: 1992-98



** smoked during the last 30 days.
Source: 1997 Mass.Youth Risk Behavior Survey, Mass. Dept. of Education, Teen Health Survey 1992, 1994, 1996, 1998.

Alcohol Use Among High School Students

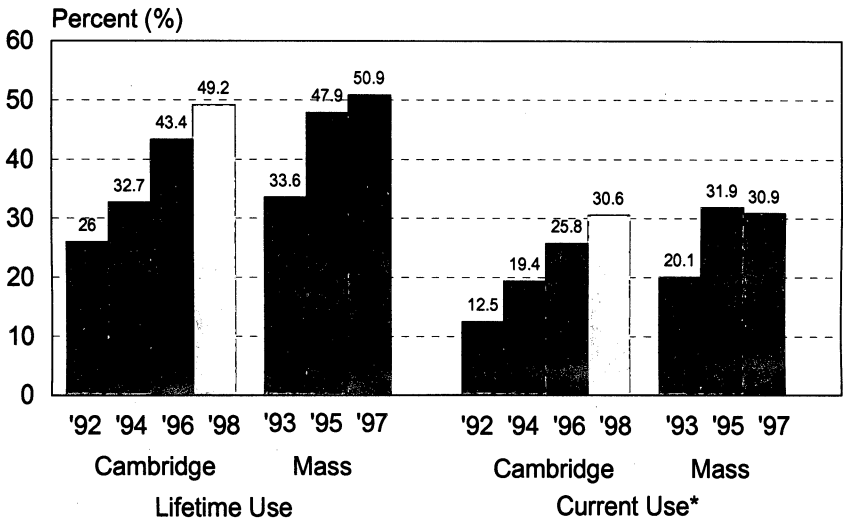
Cambridge and Massachusetts: 1992-98



* Consumed alcohol during the last 30 days.
Source: 1997 Mass. Youth Risk Behavior Survey, Mass Dept. of Education, Teen Health Survey 1992, 1994, 1996, 1998

Marijuana Use Among High School Students

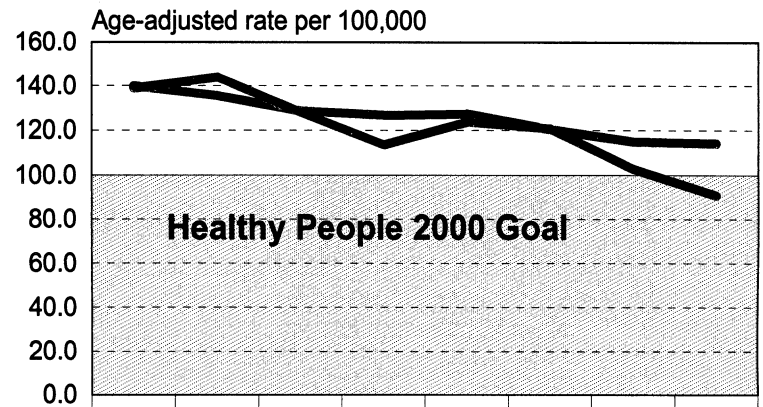
Cambridge and Massachusetts: 1992-98



* Used during the last 30 days.
Source: 1997 Mass Youth Risk Behavior Survey, Mass. Dept. of Education, Teen Health Survey 1992, 1994, 1996, 1998.

Heart Disease Mortality

Cambridge and Massachusetts Residents: 1989-96

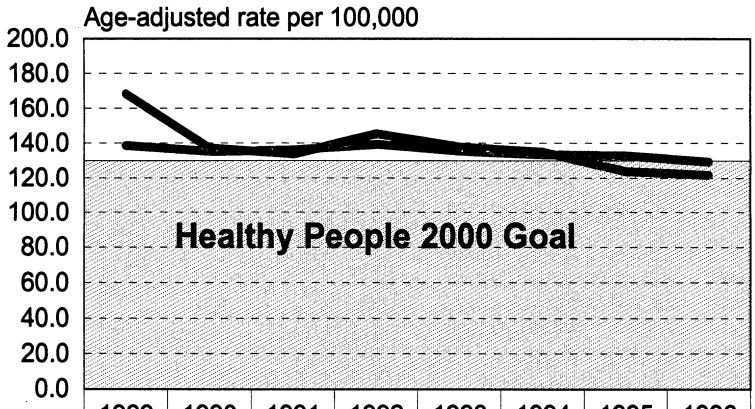


	1989	1990	1991	1992	1993	1994	1995	1996
Cambridge	139.2	144.1	128.3	113.7	124.0	120.9	102.7	90.7
Massachusetts	139.9	135.6	128.7	126.8	127.4	120.4	114.9	114.2

Source: Mortality (Vital Records), MassCHIP v2.0 r168.0, Massachusetts Department of Public Health, July 30, 1998

Cancer Mortality

Cambridge and Massachusetts Residents: 1989-96



	1989	1990	1991	1992	1993	1994	1995	1996
Cambridge	168.4	137.4	133.9	145.5	138.0	134.9	123.8	121.8
Massachusetts	138.5	135.2	136.1	139.3	135.4	133.1	132.6	129.2

Source: Mortality (Vital Records), MassCHIP v2.0 r168.0, Massachusetts Department of Public Health, July 30, 1998

City of Cambridge

In City Council June 14, 1999

The Health and Hospital Committee held a public meeting on April 6, 1999, beginning at 10:15 a.m. in the Sullivan Chamber for the purpose of receiving a presentation on the 1999 Cambridge Public Health Assessment.

Present at the hearing were Councillor Katherine Triantafillou, Chair of the Committee, Councillor Kathleen L. Born, Councillor Henrietta Davis, Councillor Kenneth E. Reeves, and City Clerk D. Margaret Drury. Also present were Robert W. Healy, City Manager; John O'Brien, Chief Executive Officer for the Cambridge Health Alliance; Harold Cox, Chief Public Health Officer; Richard de Fillippi, Chair of the Cambridge Health Alliance Board of Trustees; Lee Swislow, Chief Operating Officer and Chief Nursing Officer; Ellen Kramer, Public Health Information Director; Lynn Schoeff, Director of Community Health for the Department of Public Health (DPH), Ricki Lacy, DPH, and Ginny Schomitz, DPH, and several other members of the boards and/or senior staff of the Cambridge Health Alliance.

Councillor Triantafillou convened the hearing and explained the purpose. She complimented the hard work of all of those present in producing the 1999 Cambridge Public Health Assessment. Councillor Triantafillou invited John O'Brien to introduce the presentation. Mr. O'Brien introduced the staff and board members present and described the planned presentation.

Mr. O'Brien stated that the plan is to provide an overview of the 1999 Health of the City Assessment, a two volume report. The first volume focuses on the priority of public health access, and on programs addressing the health needs of at-risk populations. The second volume is more similar to epidemiological reports that have been produced over the past couple of years, but it has been refocused on the priority of public health access and also includes a new section on environmental health.

Mr. O'Brien emphasized the instability of the health system. Partners lost $30,000,000 in the last quarter, even with record volumes of 105% occupancy. Cambridge is feeling the same pressures. Cambridge Health Alliance is running a $9,000,000 loss to date, through the last eight months. They predict a significant loss next year as well. they do not expect to make choices that will compromise public health over the next twelve months. However, the longer range future is uncertain. John O'Brien then introduced Lee Swislow, Chief Operating Officer and Chief Nursing Officer.

Committee Report #1 4405

A report from Councillor Triantafillou, Chair of the Health and Hospital Committee, for a hearing held on April 6, 1999 for the purpose of receiving a presentation on the 1999 Cambridge Public Health Assessment.

In City Council June 14, 1999

Accepted Report

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