

Mary

Just indep only,

Mary Shanley

CE MAYOR

MASSACHUSETTS 02139

Alice K. Wolf  
Vice Mayor

June 30, 1989

Mr. Robert Healy, City Manager  
City of Cambridge - City Hall  
795 Massachusetts Avenue  
Cambridge, MA 02139

Dear Bob:

As the attached memo indicates, the City Council voted to have the attached report, when it was final, to be sent to you for dissemination and report from the appropriate City agencies. Perhaps we should have a meeting to discuss what we can realistically expect to come out of this. There will be another report on Drug and Alcohol Abuse completed soon.

Sincerely yours,



Alice K. Wolf  
Vice Mayor

cc: City Clerk  
Geraldine Zetzel  
Gloria Palladino, Planner D.H.S.P.

d

Mary

Just indep only,

Mary Shanley  
Joe

CE MAYOR

ACHUSETTS 02139

Alice K. Wolf  
Vice Mayor

June 30, 1989

Mr. Robert Healy, City Manager  
City of Cambridge - City Hall  
795 Massachusetts Avenue  
Cambridge, MA 02139

Dear Bob:

As the attached memo indicates, the City Council voted to have the attached report, when it was final, to be sent to you for dissemination and report from the appropriate City agencies. Perhaps we should have a meeting to discuss what we can realistically expect to come out of this. There will be another report on Drug and Alcohol Abuse completed soon.

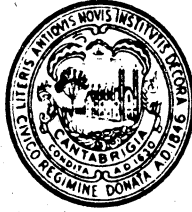
Sincerely yours,



Alice K. Wolf  
Vice Mayor

cc: City Clerk  
Geraldine Zetzel  
Gloria Palladino, Planner D.H.S.P.

d



# OFFICE OF THE VICE MAYOR

CITY HALL, CAMBRIDGE, MASSACHUSETTS 02139

(617) 498-9094

Alice K. Wolf  
Vice Mayor

June 30, 1989

Mr. Robert Healy, City Manager  
City of Cambridge - City Hall  
795 Massachusetts Avenue  
Cambridge, MA 02139

Dear Bob:

As the attached memo indicates, the City Council voted to have the attached report, when it was final, to be sent to you for dissemination and report from the appropriate City agencies. Perhaps we should have a meeting to discuss what we can realistically expect to come out of this. There will be another report on Drug and Alcohol Abuse completed soon.

Sincerely yours,

Alice K. Wolf  
Vice Mayor

cc: City Clerk  
Geraldine Zetzel  
Gloria Palladino, Planner D.H.S.P.

d



# OFFICE OF THE VICE MAYOR

CITY HALL, CAMBRIDGE, MASSACHUSETTS 02139

(617) 498-9094

Alice K. Wolf  
Vice Mayor

July 7, 1989

**To:** Members of the Human Services and Human Rights Committee of the City Council.

**From:** Alice K. Wolf, Vice Mayor *alw*

**Re:** Final Report - Study Committee on Health Care and Nutrition.

As we discussed at the June 1 meeting, the final report of the Health Care and Nutrition Study Committee is completed. I am attaching a copy.

As was voted by the Committee and the City Council, we shall ask the City Manager to disseminate the report to appropriate Departments for response and suggestions for implementation of recommendations.

cc: City Councillors  
Members of the Study Committee  
Geraldine Zetzel  
Gloria Palladino

CITY OF CAMBRIDGE POLICY FOR CHILDREN AND YOUTH

REPORT OF THE

HEALTH CARE AND NUTRITION  
STUDY COMMITTEE

June, 1989

INTRODUCTION

As part of the City of Cambridge initiative to develop a comprehensive, citywide Policy for Children and Youth, the Health Care and Nutrition Study Committee was called together and held four two-hour meetings during February, March and April, 1989, to consider issues concerning children's health and nutrition in Cambridge. A final meeting was held in June, to discuss the Committee's recommendations.

Members of the group came from a number of different agencies and brought a rich fund of first-hand experience and insight to the discussions. In addition, they helped collect useful materials from many sources and much relevant data. The work-plan was an ambitious one, moving from a Goal Statement through the following steps:

- Defining the Issue
- Analyzing the Need
- Analyzing Resources
- Identifying the Gaps
- Making Recommendations

Considering the constraints of time, an impressive amount was accomplished. The Committee was greatly helped by the concurrent research done by two Kennedy School students, Elise Fong and Chris Collins. The sections of Ms. Fong's report which analyze the resources for children's health care and nutrition in Cambridge are particularly relevant to this Committee's work, and the two reports should be considered side by side.

In its discussions, the Committee focussed mainly on issues of children's health and nutrition. However, the reality is that children depend on parents and parents depend on the social fabric. Thus, while trying to think about the needs of Cambridge families and children from all socio-economic and ethnic backgrounds, and aware of the broad task of setting citywide standards, it was also clear that the needs of children

HEALTH CARE & NUTRITION STUDY COMMITTEE

MADALENA BARBOSA

Cambridge-Somerville Early Intervention Program, Preschool Unit

BETTY BORGHESANI, Pediatric Nurse Practitioner

North Cambridge Neighborhood Health Center & Teen Health Center

JESSIE BRUTUS

Outreach Worker, Cambridge Hospital & Neighborhood Health Centers

VICTORIA CORTEZ-RAMIREZ, LISW

Cambridge Hospital, Windsor St. Neighborhood Health Center, Teen Health Ctr.

MARIE ESPOSITO, R.N.

Coordinator: Maternal & Child Health, Visiting Nurse Association

LAURIE FRIEDMAN, Certified Nurse-Midwife

Cambridge Hospital Midwifery Service

LIZ FRUCHT, Senior Nutritionist

Cambridge WIC Program

BRIDGET HANSON, M.D.

Cambridge Hospital, Dep't. of Pediatrics; Medical Dir. for School Health

MIRIAM LASHER

Director, Preschool Unit, Cambridge-Somerville Mental Health Center

DAVID LINK, M.D.

Chief of Pediatrics, Cambridge Hospital

BEA MORREO, R.N.

Nurse Manager of School Health, Cambridge School Department

JANET MURRAY

Cambridge Economic Opportunity Committee, Food for Free

PHYLLIS NEWTON

Family Advocate, Teen Health Center

ANNE RODMAN, R.N.

High-Risk Infant Health Program, Concilio Hispano

MEL SCHMIDT, LISW

Riverside Neighborhood Health Center

LYNN SCHOEFF

Director, Teen Health Center

KAREN WHEELER, R.N.

Maternal & Child Health Program, Visiting Nurse Association

\*\*\*\*\*

living in poverty, with all its ramifications, are the most urgent. Similarly, while not dealing specifically with such social issues as child abuse, teen pregnancy, drop-out, HIV infection, alcohol and drug abuse, the Committee always remained mindful of the fact that raising healthy children is not simply a matter of providing adequate medical care.

In order to study how a child's health and nutritional needs are met as he or she grows up in Cambridge, the committee tracked a hypothetical individual from birth to age 18, noting the various points at which this child would probably come into contact with the health care system, the situations under which child or family might fail to receive needed services, the various pathways by which children are or are not helped to grow up healthy. For purposes of the report, it has seemed useful to group the Committee's findings under six headings:

- I. MOTHERS, INFANTS & TODDLERS
- II. PRESCHOOL & SCHOOL-AGE CHILDREN
- III. FAMILIES NEEDING SUPPORT
- IV. LINGUISTIC & ETHNIC MINORITIES
- V. ACCESS & UTILIZATION OF EXISTING SERVICES
- VI. ADDITIONAL SERVICES NEEDED

In summary, the Study Committee, found that the health and nutrition service network in Cambridge is basically sound and that the City is "service-rich." It identified, however, a number of weaknesses and pinpointed areas in which there is cause for concern. The Committee's recommendations focus on ways in which existing services can be improved, problems of access, the need for outreach, and specific gaps where new services are needed.

\*\*\*\*\*

## GOAL STATEMENT

ALL CHILDREN IN CAMBRIDGE SHOULD HAVE THE BENEFITS  
OF GOOD NUTRITION, ONGOING PREVENTIVE HEALTH CARE AND TREATMENT.

\*\*\*\*\*

### I. MOTHERS, INFANTS AND TODDLERS

#### BACKGROUND OF THE ISSUE.

A good start is essential if our children are to grow up healthy. The Committee recognizes that good prenatal care and supports to mothers and babies in the first weeks of life are crucial. The postpartum period is a critical one, yet too many mothers are forced to go back to work too soon; too many are isolated and in need of support, especially in the early months. We need a system that assures all babies and young children a healthy and safe early environment. New parents are at a critical stage for learning about normative child development, the importance of good early nutrition and regular preventive health care. At present, the system for tracking births to Cambridge families is inadequate: not all infants and mothers can be reached in a timely fashion for regular preventive health care and parenting advice, or early identification and treatment of health problems.

#### RESOURCES IN CAMBRIDGE.

Depending on income level, preference, and type of health insurance, mothers and babies may receive health care through Cambridge Hospital, other area hospitals, the Neighborhood Health Centers, HMO's and private providers. There is a free care pool for those who lack health insurance (about 40% of families seen in the Cambridge Hospital system) and are over income for Medicaid. Adolescent mothers and their babies are

also served through the Teen Health Center and the Adolescent Parenting Program at Cambridge Rindge & Latin School.

Programs targeted at specific populations that are identified as needing extra help--such as Women, Infants & Children (WIC), Visiting Nurse Association Maternal & Child Health (VNA), Early Intervention--provide services to mothers, babies and young children identified as socially, nutritionally or medically "at risk." At age 3, if identified as having possible special needs, or otherwise upon regular school entrance at age 5, children must have their immunizations up to date and are screened for developmental and health problems.

#### IDENTIFIED PROBLEMS.

-Maternity stays are brief (2 to 4 days), so there is not enough time for new mothers to learn about infant care. Postpartum home visits--which provide support, instruction and care in the optimum setting and at the critical time for learning--are limited to "high-risk" mothers & babies. Safer postpartum discharges and continuity of care are needed if we are to prevent poor outcomes, especially for the most vulnerable mothers and babies.

-Short maternity leave from work (average--6 weeks) has a negative impact on mother-child outcomes, resulting in stress, mothers choosing not to breast-feed, babies put into day care at a vulnerable age, etc.

-Many babies & preschool age children are not seen by health care providers except in emergencies--they don't get preventive & regular care, check-ups or shots--there is no systematic way to assure timely care & identification of health problems. Many insurance policies lack coverage for well-baby, well-child visits.

-Lack of transportation or adequate child care (for siblings) prevents parents from bringing in their babies and young children for regular medical care.

-Other barriers:

Lack of follow-up for births taking place outside of Cambridge prevents follow-up for infants & early identification of health problems.

Lack of information about good early nutrition, beginning with the advantage for infants of breast-feeding.

Lack of family planning--babies born too close together--parents overwhelmed.

Underfunding of WIC program--currently serves less than half of those eligible

Lack of good prenatal care: babies born at low birth weight or premature or with preventable health problems. Babies born drug-addicted--fetal alcohol syndrome--birth defects--AIDS.

PROPOSED STRATEGIES.

-Advocate for longer maternity leaves & increased funding of WIC and other proven mother/child support programs such as Neighborhood Support System for Infants.

-Advocate for insurance coverage for well-baby, well-child visits.

-Offer two free pediatric health visits to every Cambridge child.

-Provide better postpartum supports: home visits to all Cambridge mothers, & more extended home visits to at-risk infants & mothers, to teach parenting skills, nutrition & child care.

-Provide better early nutrition by educating mothers-to-be & new mothers about the benefits of breast-feeding & supporting nursing mothers.

-Improve tracking of all births to Cambridge residents so as to link mothers & babies up with a regular health care provider.

-Provide follow up care to all teen mothers.

-Provide education for parents (& future parents)--in culturally & linguistically sensitive forms--about family planning, child development, regular health care & good early nutrition.

## II. PRESCHOOL & SCHOOL-AGE CHILDREN

### BACKGROUND OF THE ISSUE.

The healthy development of children requires the knowledgeable support of their families, and also--more and more frequently--of the other people that are responsible for their care. Young children whose parents work are looked after by baby-sitters, family- or center-based day care providers. Since good child care is scarce and all child care is costly, there is a great variability in standards of safety, health care and nutrition among different settings. Thus, many of our poorer children are spending critical early years in unsafe environments, lacking the care and nurturance they need. The resultant health problems, ranging from poor eating habits and untreated ear infections to anemia, lead poisoning and accidents, have far-reaching and costly consequences for later health and development.

Preschool programs, either private, or for those eligible, public ones such as Headstart, provide access to health care and nutritious food. Once children are of school age, teachers and other school staff can monitor their well-being, but after school hours and during vacations, children continue to need supervision, activities, safe and appropriate places to be, healthy food to eat. So-called "latch-key" children and teens are at risk for a number of problems, from depression and obesity to accidents, delinquency and substance abuse.

### RESOURCES IN CAMBRIDGE.

Pediatric services are provided through hospitals, clinics, HMO's and private physicians. Certain programs, such as WIC, licensed day care centers, and preschools require regular physicals. In the public school system, at the elementary level, four school nurse practitioners, two school nurses and three health aides provide services for students and referrals to other services as necessary. The Department of Pediatrics works with the School Health Services to carry out state-mandated immunizations, physicals, and screening for vision, hearing and scoliosis. Interval health screening is done at the 1st, 4th and 9th grade levels. At the secondary level, the Teen Health Center offers school health services

to students as well as primary health care, health education and counselling to all Cambridge teenagers.

Children whose families are eligible receive Medicaid coverage for health care, food stamps; they may qualify for free or reduced-price school meals. DSS offers supportive services to families, mostly around protective issues. The Welfare Department and the City's food pantry network provide emergency vouchers and food to families in need.

The school system offers a good range of afterschool and school vacation programs; other agencies, such as the "Y" and neighborhood centers also offer activities at low cost. Transportation from school to afterschool programs is available in most situations, but transportation home afterwards is not provided. The Recreation Department, Cambridge Camping Association and some other agencies offer summer camp programs.

#### IDENTIFIED PROBLEMS.

-Lack of appropriate care & nurturance: parents don't know about preventable conditions & environmental hazards, leading to childhood accidents & illnesses. Children are poorly supervised, left on their own or in makeshift arrangements, without adequate & supportive adult care.

-After-school programs are not seen as a priority by parents who don't understand the value to their children of healthful activity & adult supervision. Costs & lack of transportation are further barriers to enrolling children in available programs.

-There is a dearth of afterschool & vacation programs for children with special needs. There is no child care for sick children.

-Older children & teens lack places to be that are safe, inviting & appropriate.

-Hunger & malnutrition among Cambridge children is on the increase. Because government eligibility criteria for school feeding programs are rigid & forms are daunting, many eligible children are not getting school meals.

-Nutrition education is not taught in the school curriculum. Non-nutritious foods are too easily available near school sites. Many children are growing up in families with poor nutrition habits.

-Many teens are essentially on their own, but lack the skills & information needed to take care of their health, eat properly, etc.

-Depression & depression-related symptoms (headaches, obesity) are frequently-seen complaints among school-age children & adolescents. There is a lack of mental health services for children.

-Medications, eyeglasses etc. are not usually covered by health insurance.

#### PROPOSED STRATEGIES.

-Advocate for greater flexibility & simplified application procedures for school meals eligibility; for better insurance coverage for pediatric health maintenance; for coverage of medications, eye-glasses, etc.

-Advocate for affordable, quality child care for all ages, including sick-child care.

-Provide health & nutrition education to children & teens--for better eating habits, self-care & understanding of own health needs.

-Educate parents--for awareness of preventive health care for children, for healthy & safe child care (in & out-of-home), value of afterschool programs & good supervision for their children.

-Improve range of afterschool/vacation programs--including transportation. Provide programs for children with special needs.

### III. FAMILIES NEEDING SUPPORT

#### BACKGROUND OF THE ISSUE.

All parents need some support from family and community in raising healthy, well-functioning children. Some parents, because of social, personal, economic or environmental stresses, need extra support in order to provide for their children's physical and emotional health.

Working class parents who are struggling to make ends meet have little energy or money or time to deal with their children's non-emergency health needs. Many working families are struggling to put food on the table. Adolescent or single mothers, young parents who lack maturity or parenting skills, parents who are overwhelmed with social problems such as family violence, substance abuse, illness, poverty and dislocation, are unable to provide good care for their children. Children in dysfunctional families are at risk for neglect and abuse, as well as for a multitude of disabling health conditions--most of them preventable, all of them with long-term consequences that are costly in both human and financial terms.

Whatever the causes of such families' problems, their situation is often so overwhelming that they rarely are able to make regular use of the existing services--therefore the system has to reach out to them, engage them and keep them engaged over time.

#### RESOURCES IN CAMBRIDGE.

Agencies in Cambridge offer a wide range of resources for identification, referral and services to families. Help is available through the hospitals and the Neighborhood Health Clinics, through city agencies such as Cambridge Economic Opportunity Committee (CEOC) and the Department of Human Service Programs. State and federal agencies that offer help at the local level, ranging from direct services to referrals, include the Departments of Public Health, Social Services, Mental Health, and the Office for Children. Agencies, such as the Cambridge Youth Guidance Center, the Preschool Unit, Cambridge Family and Children's Services, Catholic Charitable Bureau and others supply a network of family support services. The school system works to identify troubled families and assists them around problems which affect their children's ability to function well in school.

## IDENTIFIED PROBLEMS.

-Some families need extra supports. The pressures of poverty & social stresses--the difficulties of meeting basic needs prevent them from being able to focus on their children's health needs. They are unable to access available services or follow-through on medical recommendations.

-Other stresses cited are:

unemployment--inadequate income--inadequate health insurance  
 substance abuse--family violence & disruption  
 frequent moves--homelessness  
 illness & mental health problems  
 disorganization--inability to plan--lack of motivation  
 lack of time off from work--lack of transportation  
 chaotic & overcrowded living situations

-Such problems are intensified for teen mothers--single mothers--mothers of children with demanding health & developmental problems--families who are isolated.

-The service system compounds the problem: services are fragmented--access can be difficult & time-consuming & frustrating--there is lack of information & coordination among service providers.

## PROPOSED STRATEGIES.

-Advocate for better insurance coverage for pediatric services.

-Identify & contact at-risk families through outreach; provide supports, case management & comprehensive social services to families. Provide a single point of entry to family support system.

-Make services less fragmented & strengthen provider information network.

-Cut teen births in Cambridge by 50%, track all teen births & provide comprehensive services.

-Teach family life skills in school, including family planning--home & budget management--parenting skills.

-Increase public awareness of children's health needs & of available medical & other support services--use media campaign.

#### IV. LINGUISTIC & ETHNIC MINORITIES

##### BACKGROUND OF THE ISSUE

Cambridge is a city with a diverse population: families from at least 40 different cultural and linguistic backgrounds, and a steady influx of new immigrants, many of them from underdeveloped countries. The Cambridge population is estimated to be 62% white, about 19% Afro-American, 10.6% Hispanic, 9.2% other non-white. 926 students are enrolled in the school system's bilingual or English as a Second Language (ESL) classes, while many other ethnic minority children attend private or parochial schools.

It is clear to providers that health services available in the City are under-utilized by families from many of the cultural sub-groups. There seem to be a number of reasons for this, but the result is that these children are at risk for not getting regular health care and good nutrition.

##### RESOURCES IN CAMBRIDGE

Cultural organizations--such as Cambridge Organization of Portuguese Americans (COPA), Cambridge Haitian-American Association (CHAMA), Concilio Hispano, Centro Presente and others--offer information and referral to help people access the system. Health care providers in Cambridge are well aware that their services should be responsive to the needs of this population, however, only a few programs and agencies have bicultural, bilingual staff. The programs that do have such workers--such as some of the Neighborhood Health Centers, the Midwifery Service at Cambridge Hospital, and the Cambridge Youth Guidance Center,--or that have a "magnet person" who can act as a resource to a particular group are typically over-utilized, which demonstrates the need.

##### IDENTIFIED PROBLEMS

-Language barriers are the most disabling. Parents who don't speak English, or speak it poorly, many of whom also can't read, have great difficulty accessing health services for their children.

-Cultural attitudes about health & illness do not include "taking the child to the doctor" on a preventive, non-emergency basis; this leads to lack of regular health care & over-utilization of emergency rooms.

-Culturally-based customs about diet may lead to poor nutrition: it is difficult & expensive to buy familiar foods; foods substituted may be non-nutritious; providers mostly lack information about healthful "American" substitute foods to recommend.

-Many parents prefer using traditional remedies for non-critical illnesses, thus don't bring their children in for routine medical help.

-Newcomers or undocumented families fear involvement with the system: although their children are eligible for city & some state programs, they are not enrolled because parents are afraid of jeopardizing their status.

-Further barriers are: lack of information about the health care system--services difficult to access (filling out forms, etc.)

#### PROPOSED STRATEGIES

-Recruit & train more bilingual & bicultural workers, at all levels & in all social services, not only health services.

-Educate providers about traditional remedies, foods, child-raising customs & health care practices.

-Provide outreach & education: using existing cultural organizations, community networks (churches, ethnic events, bilingual classroom staff) to reach and educate parents.

-Adapt & disseminate information--culturally & linguistically appropriate food charts, child health care advice, normative child development. Create teaching materials, such as cassette tapes, to reach parents with limited reading skills.

## V. ACCESS & UTILIZATION OF EXISTING SERVICES

### BACKGROUND OF THE ISSUE.

Cambridge is a city which is rich in services that support the health and nutrition needs of children. The fundamental structure of the system is sound. Nevertheless there remain populations which are unserved or underserved. By definition, it is hard to document the need, since it refers to children who are NOT being seen in the system. It is only by noting the many children who reach school entry age without having had regular check-ups and whose immunizations are not up to date, children who are found to be suffering from preventable conditions such as lead poisoning or anemia or hearing loss that one can infer that existing services must be better coordinated, publicized, and made more accessible, if they are to be used by all families who need them.

### RESOURCES IN CAMBRIDGE.

In addition to the provider agencies already cited in other sections of this report, the schools, the housing authority and various departments of the city government that come into contact with families can serve as a link to needed health services. The Office for Children, through its area Help for Children Unit, provides advocacy, information and referral for parents and others who request help in accessing the system on behalf of a child. Cambridge Community Services publishes and sells a directory of human services agencies in the city. Other directories have been available from time to time from various sources. There is great potential for raising awareness about preventive health care through the media, especially cable TV, radio, poster campaigns.

### IDENTIFIED PROBLEMS.

-There is a lack of coordination among agencies & programs, which results in fragmentation of services. Parents seeking help are referred to multiple agencies, each with a different mandate, often in different parts of the city, for different needs, requiring different forms & documentation. Parents may hesitate to apply because benefits have been denied or because of the stigma attached.

-Several essential programs are underfunded, can't serve all those eligible.

-Providers feel they lack sufficient knowledge about other agencies & programs. There is no source of regularly updated information.

-Other barriers cited:

pressing economic & social needs--poverty

lack of insurance coverage or under-insured

lack of knowledge about preventable health conditions

lack of transportation & child care

#### PROPOSED STRATEGIES.

-Inter-education of providers: increase linkage between agencies--involve private & HMO providers--use meetings, publications, directories, a Human Services Fair to disseminate information.

-Advocate for increased funding of programs (WIC, Medicaid, Neighborhood Support Services for Infants, etc.

-Advocate for improved insurance coverage for regular pediatric visits.

-Use all points of contact with children to link them up with health care system--at time of birth, upon entering any kind of day care, preschools, camps, etc.

-Improve transportation: provide van service to help parents get children to regular medical services--to ease access to other services.

-Counteract the effects of bureaucracy: coordinate services wherever possible--simplify procedures & forms--build in staff time & training so that families can be offered more comprehensive help, including social needs such as budgets & planning.

## VI. ADDITIONAL SERVICES NEEDED

### BACKGROUND OF THE ISSUE.

There are gaps in the system. A truly comprehensive health network for children would include dental care, both prevention and treatment. It would provide systematic reduction of common preventable accidents, illnesses and conditions. It would support parents, through outreach and education and by easing transportation and making child care more available, flexible and safer in their efforts to take better care of their children's health and nutrition. It would assure that no child is left out of the system because of poverty, lack of insurance coverage or other economic or social factors.

### RESOURCES IN CAMBRIDGE.

All of the agencies and programs cited in other sections of this report are potential providers of the missing services. In addition, the private sector could be tapped and become involved. The city government could take an active role in creating coalitions and finding the dollars that are needed.

### IDENTIFIED NEEDS.

-Many children lack dental care. Screening & hygiene, as well as treatment for dental problems, is essential. Many parents do not seek dental care for their children: it is not seen as a priority.

-Most health insurance policies do not cover pediatric dental care, eye care, hearing aids, vitamins or medications.

-The Neighborhood Health Centers cannot meet all the health needs of children, but when referrals are made to specialists or other services, lack of transportation is the barrier which most often prevents the parent from following up on such referrals.

-Lack of adequate, affordable child care affects the quality of children's health. In addition to the need for generic child care, there is the need for care for sick children, for children with special needs, for infants. Also, parents who work shifts need flexible hours.

-There is a lack of awareness about safety issues: use of car-seats--household & other environmental hazards

#### PROPOSED STRATEGIES.

-Provide dental care for children, including screening & prevention/hygiene, checkups & sealant coating. Advocate for better insurance coverage for dental health.

-Provide transportation to medical appointments: a van (as for elders & handicapped).

-Improve child care:for infants--nursery facility for sick children--for special needs.

-Advocate for parental leave for sick-child care--more flexible day care schedules.

-Provide comprehensive health & nutrition curriculum in the schools.

-Educate parents & other caregivers around safety issues, including: use of car seats--preventable household accidents--how to make environments safe for young children.

\*\*\*\*\*

## APPENDIX

### I. MOTHERS, INFANTS & TODDLERS

▶The estimated total number of children in Cambridge (0-18) is 13,000. Of these, about 4500 are under the age of 5.

▶In 1987, the number of births to Cambridge residents was 1103.  
Breakdown by race:

62% white/non-Hispanic  
16.7% Black  
10.6% Hispanic  
9.2% other

▶Of this number, it is estimated that fewer than half were born at Cambridge Hospital, permitting continuity of follow-up care--the remainder were born elsewhere. Birth certificates for other hospitals are often not filed in Cambridge until many months later, thus preventing necessary follow-up care.

▶The infant mortality rate (1987) was 8.2 per thousand in Cambridge compared to 7.2 % statewide; down from 10.3 per thousand live births in 1986.

▶Low birthweight babies (2,500 grams or less) are at increased risk for health problems. In 1986, Cambridge had a LBW rate of 6.0% compared to 5.6% statewide.

### II. PRESCHOOL & SCHOOL-AGE CHILDREN

▶This semester, 926 children in the public schools get free or reduced-cost meals. The application guidelines are set by the federal government and are strict.

▶It is estimated that 1 out of 4 children in Cambridge are living in poverty.

▶See Elise Fong's report regarding child care needs in Cambridge.

### III. FAMILIES NEEDING SUPPORT

▶Approximately 1000 families per month request emergency food assistance. Many of these families are the working poor and are already receiving supplemental food. The incidence of hunger in children is growing alarmingly: it is estimated that 1 in 5 Cambridge children suffer from hunger part of each month.

▶DSS reports (for Cambridge & Somerville combined) 371 ongoing cases of abuse or neglect; of these, 710 reports were substantiated.

▶In 1988, 23 children were treated for lead poisoning at Cambridge Hospital. Five babies were admitted for failure-to-thrive.

▶There were 55 births to teens (under 20), in 1988, or 5.3% of all births. Adolescent mothers and babies need many supports, especially if the mother wants to finish school.

▶The Preschool Unit gets an average of 12 new referrals per month. The Unit works with over 200 Cambridge families per year, in its Early Intervention and Project H.E.L.O. programs.

#### IV. LINGUISTIC & ETHNIC MINORITIES

▶See Chris Collins' report on demographic breakdown, new immigrants, etc.

▶There are 926 students in bilingual or ESL classes, from the following linguistic groups, in order of numbers:

Portuguese, Spanish, Haitian Creole,  
Chinese, Indian, Vietnamese, Korean

▶The Teen Pregnancy Prevention Coalition reports (1988) that 71% of students in the Adolescent Parenting Program are of minority background.

#### V. ACCESS & UTILIZATION OF SERVICES

▶WIC has been shown to be one of the most effective programs for poor, at-risk babies, young children and mothers. Currently, the number of mothers & children served by WIC program is 2125, or about 48% of those eligible.

▶By age 2, children should have completed their immunizations; however, upon enrollment in early childhood programs, about 40% of Cambridge 3- and 4 year-olds' immunizations are found to be not up-to-date

▶Roughly 40% of those seen at the hospital and in the neighborhood clinics lack health insurance.

▶About 3646 individuals in Cambridge get food stamps, although it is estimated that 21% of the population is at or below 125% of the poverty level; thus about 18,523 would be eligible.

▶See Elise Fong's report for under-utilization of Headstart and other early childhood programs.

## RECOMMENDATIONS

of the Health Care & Nutrition Study Committee

### I. MOTHERS, INFANTS & TODDLERS

♦ Recognizing that the postpartum period is critical to healthy development, offer Home Visits to all Cambridge mothers and newborns, by trained health care workers, to teach parenting skills, nutrition, and child care. Provide more Extended Home Visits and social service supports to identified at-risk infants and mothers.

♦ Institute an efficient system for Tracking Births to all Cambridge mothers, whether they take place in or out of the Cambridge hospital system, so as to be able to identify at-risk mothers and babies, and provide regular check-ups, immunizations and pediatric services in a timely fashion. Make tracking of all births to Cambridge Teen Mothers a priority.

### II. PRESCHOOL & SCHOOL-AGE CHILDREN

♦ Since many children and teens are partly or wholly responsible for making choices about their own health and eating habits, provide Health and Nutrition Education as part of the school curriculum.

♦ To enable children, during the hours after school and during vacation times, to be in safe, healthy and nurturing environments, with good adult supervision, improve the range of Afterschool and Vacation-time programs. Educate Parents to understand the value of enrolling their children in such activities. Offer Transportation to and from program sites. Provide appropriate programs--mainstreamed or specialized--for Children With Special Needs.

### III. FAMILIES NEEDING SUPPORT

♦ Provide Outreach to identify, serve and keep contact with families with multiple risk factors. Offer Case Management to help coordinate families' utilization of medical and social services. In order to streamline access to services, develop a "one-stop" Point of Entry to all components of the system.

♦ Given that babies born to teen mothers face many risks to healthy development, Cut Teen Births in Cambridge by 50% and provide Comprehensive Services to teen mothers and their babies.

### IV. LINGUISTIC & ETHNIC MINORITIES

♦ Recruit and train more Bilingual and Bicultural Workers at all levels, in all agencies that deal with parents and children. This will provide the essential link to services for immigrant families, for both prevention and treatment of health problems.

♦ Make health and nutrition Information Available in Culturally and Linguistically Appropriate forms. Translate and adapt materials, create teaching materials that will reach non English-speaking or non-literate parents. Disseminate information through all available means, including the media, bilingual education classes, religious and social organizations.

#### V. ACCESS & UTILIZATION OF EXISTING SERVICES

♦ Improve and support the Inter-education of Providers, so that workers having contact with children and families through different agencies can make appropriate referrals, know more about other services, be more helpful in guiding families to other resources. Improve utilization by providing a regularly updated, free Resource Directory.

♦ Eliminate Transportation Barriers by providing van service to enable parents to take children to medical appointments.

♦ Utilize All Points of Contact to reach children and link them with the health care system: at birth, day care entry, preschool enrollment.

#### VI. ADDITIONAL SERVICES NEEDED

♦ Provide Comprehensive Dental Services to all Cambridge children, including hygiene, check-ups, prevention and treatment. Educate Parents about the necessity for dental health care for their children.

♦ Improve Child Care availability and affordability, including care for infants and nursery for sick children. Advocate for Parental Leave from work to care for sick children and greater Flexibility in Daycare Schedules to accommodate the needs of working parents.

\*\*\*\*\*

Geraldine W.K Zetzel

June, 1989

S-492

Comm. from Vice-Mayor Alice K. Wolf, Chair,  
Human Services & Human Rights Committee, trans-  
mitting a copy of her letter to the City  
Manager dated June 30, 1989 transmitting,  
pursuant to the vote of the City Council, the  
attached report, as final, to be disseminated  
to the appropriate City agencies. Said report  
from the Study Committee on Health Care &  
Nutrition.

June 30, 1989