

Cambridge **PUBLIC HEALTH** ASSESSMENT *2003*



Cambridge Health Alliance
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Cambridge Health Alliance website:
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City of Cambridge website:
www.ci.cambridge.ma.us

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Cambridge Health Alliance
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January 15, 2003

Robert W. Healy
City Manager
Cambridge City Hall
Cambridge, MA 02139

Dear Mr. Healy,

Cambridge Health Alliance is happy to submit the 2003 Cambridge Public Health Assessment. This is the seventh annual report on the work of the Alliance and the Cambridge Public Health Department.

This year's report provides an overview of the current work of the Cambridge Public Health Department, Community Affairs Department, and the Institute for Community Health. These entities work collaboratively with the Alliance's clinical departments to provide an extensive array of support to the City of Cambridge. The report also has a section on data collected through the Behavioral Risk Factor Surveillance System.

This year, Cambridge has been challenged by the cuts in state funding for all health services. The Cambridge Health Alliance and the City both recognize the importance of addressing the service needs and continuing to work together to find solutions. The second major challenge has been responding to the aftermath of September 11, 2001, and the threat of bioterrorism. The Alliance has worked with fire, police, and other city departments to ensure an appropriate response to other major emergencies.

I am grateful for the work and dedication of the staff and for Harold Cox, the Chief Public Health Officer. Highest appreciation is extended to Lynn Schoeff for managing the preparation of the annual *Cambridge Public Health Assessment*.

We are all honored to serve the City of Cambridge and look forward to your comments about this year's *Assessment*.

Sincerely,

Dennis D. Keefe
Acting Chief Executive Officer and Commissioner of Public Health



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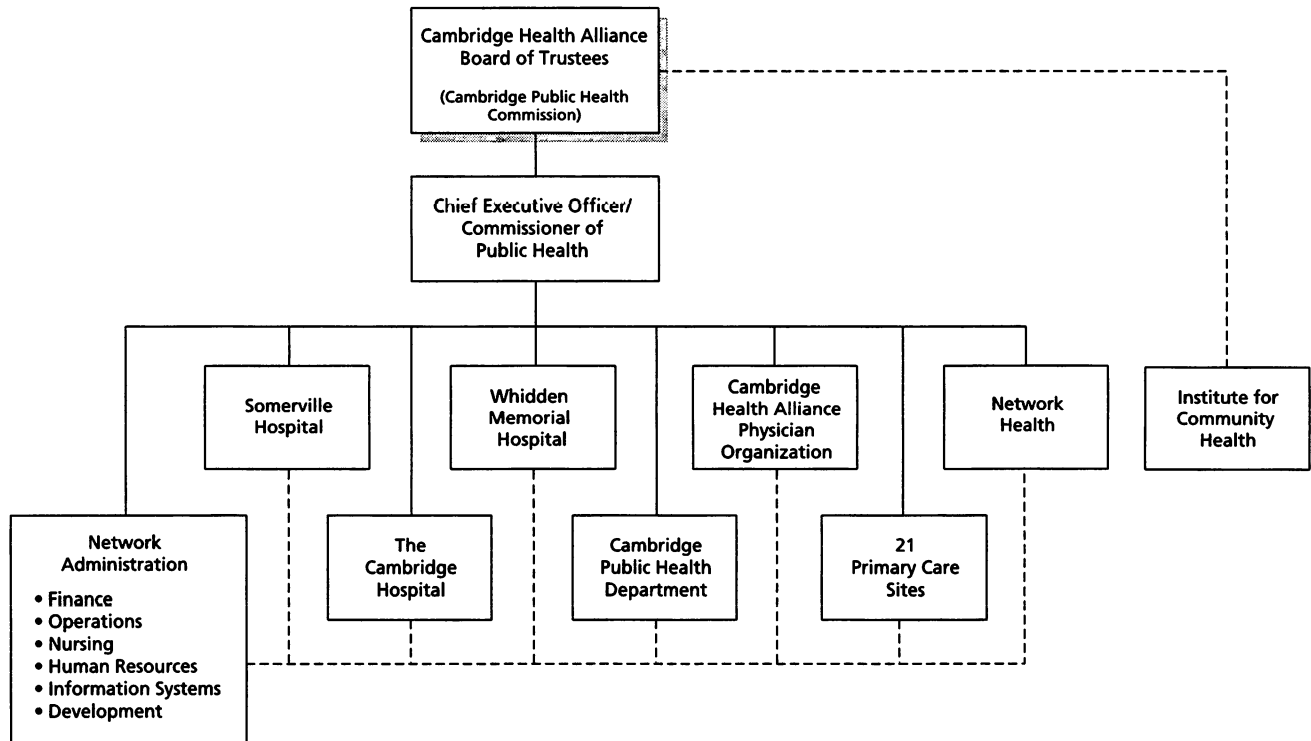
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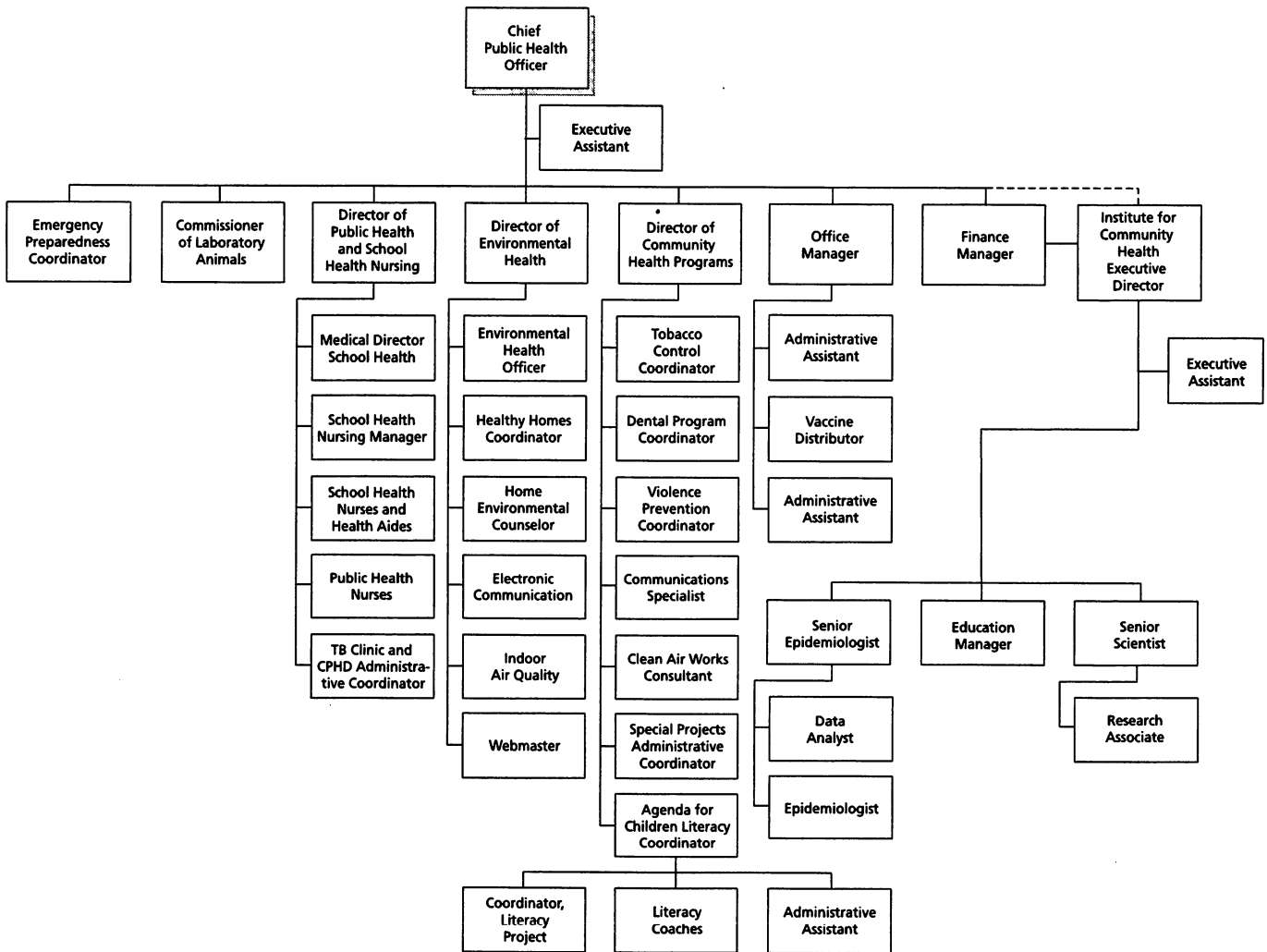
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Cambridge Health Alliance Organizational Structure



Cambridge Public Health Department



Executive Summary

The *Cambridge Public Health Assessment 2003* is the seventh annual report to the Cambridge City Council prepared and submitted by Cambridge Health Alliance. This edition presents a description of public health services delivered by various departments within Cambridge Health Alliance and includes a review of 2002 accomplishments. In addition, an overview of Cambridge findings is presented from the Behavioral Risk Factor Survey, which was developed and implemented by the Institute for Community Health in 2002.

I. Cambridge Health Alliance Overview

The mission of Cambridge Health Alliance (the Alliance) is to improve the health of the communities it serves. Since its inception in 1996, the Alliance has made impressive strides toward improving the health status of Cambridge residents. Much of this success has to do with the Alliance's unique model that integrates clinical medicine and public health initiatives; its strong partnerships with community-based organizations; and its responsiveness to the needs of people who have culturally, linguistically, and socioeconomically diverse backgrounds.



Members of the Alliance Multilingual Interpreter staff donated their time and blood to help others in need at the November 15 Cambridge Hospital Blood Drive.

II. Programs and Services

Public Health Delivery at Cambridge Health Alliance

The mission of Cambridge Health Alliance is to improve the health of the communities it serves. This is accomplished through providing quality clinical services, operating innovative public health programs, and supporting community initiatives.

Cambridge Health Alliance is known for integrating clinical services that focus on individual patients with public health programs that target the community as a whole. The Alliance operates public health initiatives through the Cambridge Public Health Department, the Community Affairs Department, the Institute for Community Health, and its clinical departments.

Public Health Priorities

In fall 2000, the Cambridge Public Health Subcommittee selected five health priorities for the city: child and adolescent mental health; obesity prevention and physical activity; asthma and indoor air quality; access to health care; and health of men of color. In fall 2001, responding to the threat of bioterrorism, the health department added a sixth health priority, emergency preparedness.

The six priorities were discussed at length in last year's *Cambridge Public Health Assessment 2002*. This 2003 edition of the *Assessment* highlights key programs and activities that addressed those priorities in 2002.

Cambridge Public Health Department

The Cambridge Public Health Department provides public health services to the City of Cambridge, exercising its statutory authority under Massachusetts General Laws, chapters 111, 112, and 114.

Highlights of 2002

Emergency Preparedness

In 2002, the Cambridge Public Health Department formed a new unit devoted to emergency preparedness. Key activities in 2002 focused on preparing local, regional, and hospital-level responses to scenarios involving biological, chemical, or nuclear weapons of mass destruction.

Biosafety Forum

In September 2002, the Cambridge Public Health Department's Environmental Health Unit and the Cambridge Biosafety Committee sponsored the Cambridge Biosafety Forum. The goals were to educate biosafety professionals, academic staff, community members, and public health colleagues who serve as overseers to the biotech industry.



Alicia Morris, RN, of the Alliance's Healthy Homes Program, talks with a family about preventing childhood asthma.

Childhood Asthma

In 2002, Cambridge Health Alliance made significant headway in developing its Childhood Asthma Program, which includes an integrated asthma registry and a management system that is accessible to area hospitals, private health care providers, and school nurses. Referral to the Healthy Homes program is one of the standards of care for children diagnosed with asthma. Healthy Homes staff visit families in their homes, assist in reducing household asthma triggers, and review medication use.

Tobacco Control

The Cambridge Public Health Department is leading a regional campaign to make all workplaces 100% smoke free, including restaurants and bars. The mission of the regional initiative, called *Clean Air Works*, is to educate communities about the danger of secondhand smoke, and to secure smoke-free workplaces in Greater Boston.

Violence Prevention

In June 2002, a series of community meetings were held in the Area IV neighborhood following several violent deaths. Among the concerns identified by residents was the need for culturally appropriate mental health services. The Alliance's psychiatry department and the Cambridge Public Health Department, along with the city's police and human services departments, formed an ad hoc mental health task force. The task force addressed issues such as domestic violence, weapons violence, accessible mental health treatment, and "de-stigmatizing" mental health services.

Also in 2002, the Domestic Violence Free Zone initiative, under the leadership of the health department's violence prevention coordinator, developed a dating violence prevention campaign focused on teens.

Homelessness

Cambridge Health Alliance has been delivering primary care and mental health services to homeless men, women, and children in Cambridge since 1989. Human service providers and police expect the homeless population in Cambridge to rise in 2003 due to lack of affordable housing, shelter closings in other towns, and the shortage of hospital beds for psychiatric patients. In the face of state budget cuts, the city manager and the Alliance worked together in 2002 to maintain existing programs.

Agenda for Children Literacy Initiative



The Agenda for Children brings together city departments, businesses, foundations, community-based organizations, and residents to improve the lives of Cambridge children and their families. One of its two primary goals is to ensure that all children and their families will be able to read. In 2002, the Literacy Initiative (which resides in the public health department) began an innovative campaign to promote oral language development in babies and toddlers. The effort included a public awareness campaign, parent education, professional development, and resource development.

Community Affairs Department

Cambridge Health Alliance's Community Affairs Department, organized in 1998 to improve the health status of the community, works closely with the Cambridge Public Health Department on health promotion initiatives. A central focus of Community Affairs is improving access to health care among traditionally under-served populations, specifically men of color, immigrants, homeless individuals, and low-income families.

Highlights of 2002

Community Access Program

The Community Affairs Department, through its Community Access Program, integrates the work of its health access, outreach, health promotion, and community resource units. Its goal is to promote access to health care by enrolling uninsured residents in insurance plans and connecting them to health care providers.

Men of Color Health Initiative

The Men of Color Health Initiative provides education, outreach, primary care referrals, and health care enrollment to men of color in Cambridge. The program goal is to eliminate disparities in health care and improve the health of the community through addressing the unique health needs of men of color.

Much of the work in 2002 focused on violence prevention and community healing, following a series of homicides that occurred between April and June 2002.



The Men of Color Health Initiative provides education, outreach, primary care referrals, and health care enrollment to men of color in Cambridge.

Institute for Community Health

The Institute for Community Health is a unique collaboration among three Massachusetts health care systems (Cambridge Health Alliance, CareGroup, and Partners HealthCare) to improve the health of Cambridge, Somerville, and surrounding cities and towns. The mission of the Institute for Community Health is to stimulate innovation in the creation of programs and health policies that lead to measurable decreases in morbidity and mortality.

Highlights of 2002

Obesity Prevention and Physical Activity Promotion

In 2002, the Institute for Community Health worked with the school department, the health department, the Cambridge Health Alliance Departments of Pediatrics and Nutrition, and other agencies to coordinate childhood overweight prevention efforts. Strategies included school-based initiatives, awareness campaigns, and professional development.

Children's Mental Health

In June 2002, the Institute for Community Health, in collaboration with the Harvard Children's Initiative, released *A Report on Child Mental Health in Cambridge*. The report underscored the fact that Cambridge families face an increasingly difficult time negotiating a complex system of mental health care for their children. In October, six workgroups were established to address recommendations for training, intervention, prevention, public awareness, evaluation, and financing.

Cambridge Health Alliance Clinical Services

Cambridge Health Alliance is comprised of The Cambridge Hospital, Somerville Hospital, Whidden Memorial Hospital, the Cambridge Public Health Department, primary care sites throughout Cambridge, Somerville, and Metro North, and Network Health — a statewide Medicaid managed care health plan.

The Alliance provides a comprehensive range of health services to the community, in accordance with its agreement with the City of Cambridge. Clinical services include outpatient primary care, inpatient acute care, emergency medical services, and psychiatric care.



Interns in the Psychiatry and Medical Resident Training Programs.

III: Behavioral Risk Factor Survey

The Behavioral Risk Factor Survey was developed and implemented by the Institute for Community Health in 2002. This telephone survey was conducted to better understand the health issues facing residents of Cambridge and Somerville. The questionnaire was based on a survey from the Centers for Disease Control and Prevention.

The Cambridge and Somerville communities chose survey questions that were relevant to their cities. Survey participants were asked about their health status, health care access, oral health, exercise and physical activity, fruit and vegetable consumption, hypertension and cholesterol awareness, cardiovascular disease, diabetes, asthma, weight control, cancer screening, osteoporosis, tobacco use, alcohol and drug use, HIV/AIDS, and quality of life. The results of the survey provide a comprehensive look at the health-related behaviors of residents.



Cambridge
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I. Cambridge Health Alliance Overview

I. Cambridge Health Alliance Overview

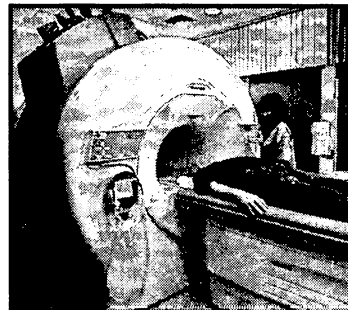
The mission of Cambridge Health Alliance (the Alliance) is to improve the health of the communities it serves. Since its inception in 1996, the Alliance has made impressive strides toward improving the health status of Cambridge residents. Much of this success has to do with the Alliance's unique model that integrates clinical medicine and public health initiatives; its strong partnerships with community-based organizations; and its responsiveness to the needs of people who have culturally, linguistically, and socioeconomically diverse backgrounds.

Despite growing challenges in the health care environment, the Alliance has emerged in the past decade as a strong regional health care organization. Since 1996, revenues have more than tripled. In that time, the Alliance has expanded from a single hospital to a \$470 million system that includes three community hospitals, a network of primary care sites, the Cambridge Public Health Department, and Network Health—a statewide Medicaid managed care health plan.

The Cambridge Public Health Department has also broadened its scope in the past seven years. The health department's budget more than doubled from \$1.6 million in 1996 to \$4.0 million in fiscal year 2003. In addition to direct expenses, the Alliance provides substantial support to the health department through storeroom and pharmacy supplies; space, maintenance, utilities, and other overhead costs; and salaries for the school health medical director and physician consultants in infectious disease, occupational health, and environmental health.

Major achievements of Cambridge Health Alliance since 1996:

- Clinical services at the Alliance have significantly expanded beyond the core health services required by its 1996 Health Service Agreement with the City of Cambridge. New specialty services include magnetic resonance imaging (MRI), endovascular surgery, and thoracic surgery.
- The Ambulatory Care Center, the Surgical Suite, and Birth Center are among the new or renovated facilities at The Cambridge Hospital that have improved quality of patient care.
- A growing number of uninsured or underinsured Cambridge residents have access to quality health care.



Magnetic Resonance Imaging (MRI) is now available at The Cambridge Hospital (left).

Dr. Jeffrey Steinberg, the Alliance's Acting Chief of Surgery.

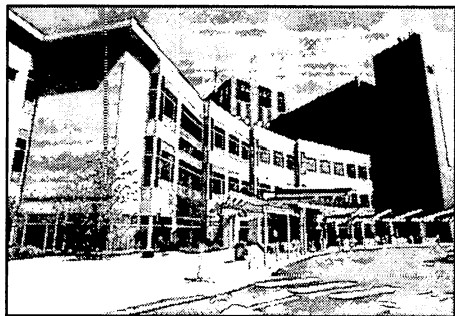


- Early childhood immunization rates have increased in Cambridge from 60% in 1993 to 85% in 2002.
- Innovative childhood asthma programs have greatly improved the ability of health care professionals in Cambridge to diagnose and manage this disease.
- The number of children receiving urgent dental care has risen dramatically since the opening of the Windsor Street Dental Clinic in 1999.
- Tobacco regulations have been tightened, protecting more Cambridge residents from the harmful effects of secondhand tobacco smoke.
- The health department has shown its enormous value to the City of Cambridge in the arenas of environmental health and emergency preparedness. Several years ago, these areas of expertise were virtually non-existent within the Alliance.

Safety Net

Cambridge Health Alliance has long identified access to care as central to its mission. No individual or family is turned away for lack of insurance.

The Alliance is a leading safety net provider for Cambridge, Somerville, and other local communities. More than 50% of Alliance patients speak a primary language other than English, 37% are uninsured, and 32% have Medicaid insurance. Because the Alliance has a high proportion of low-income patients, it receives



The Cambridge Hospital.

special payments from Medicare to offset the cost of treating this population.

The Alliance founded Network Health in 1997 to increase access to health care for low-income Massachusetts residents. Network Health is a managed care health plan that offers coverage to Commonwealth residents who are enrolled in MassHealth (Medicaid). Network Health has more than 42,000 members. Its provider panel consists of 1,400 primary care physicians and 10,000 specialists.

Affiliations

Partnering with other institutions has enabled the Alliance to maximize its impact on community health. The Alliance is a major teaching site for Harvard and Tufts medical schools. It is also affiliated with the University of Massachusetts and Northeastern schools of nursing. In addition, the Alliance participates in the two major provider networks in Massachusetts: Partners HealthCare and CareGroup. In 2000, the Alliance became a founding member of the Institute for Community Health, a collaboration with Partners HealthCare and CareGroup to improve the health of the communities through research, education, and program and policy development.

National Recognition



Cambridge Health Alliance has garnered a national reputation for innovation, excellence, and culturally competent care:

- The Cambridge Hospital received the 1993 Foster McGaw Prize for excellence in community service.
- In 1990, The Cambridge Hospital (in partnership with Harvard University) was one of 17 academic health centers nationwide to receive funding from the Pew Charitable Trusts and the Rockefeller Foundation's Health of the Public program.

- The Alliance was awarded a \$1.2 million Community Access Program grant in 2001 from the U.S. Department of Health and Human Services. The grant is funding the development of a permanent infrastructure for improving access to health care in Cambridge and other communities.
- The Alliance received Safety Net Awards from the National Association of Public Hospitals in 2001 and 2002 for its Open Access program; culturally competent programs and workforce; domestic violence prevention; and chronic disease data registries.
- In 2002, the Alliance was awarded a \$1.9 million *Pursuing Perfection* grant from the Robert Wood Johnson Foundation.

Finances

Like health care organizations throughout the nation, Cambridge Health Alliance faces pressure at the local, state, and federal levels regarding uncompensated care, managed care, and Medicare. The Alliance has fought hard to obtain adequate reimbursement for providing care to the uninsured, and has worked closely with state and federal officials to ensure the financial safety net remains intact.

The Alliance has also worked with its colleagues at the Massachusetts Hospital Association to educate political leaders about the critical role hospitals play in the physical and economic health of Massachusetts. The Alliance is active in the National Association of Public Hospitals and Health Systems, and continues to advocate for protecting the needs of indigent people.

When Cambridge Health Alliance acquired Somerville Hospital and its affiliated health centers in 1996, it immediately doubled its service area. In 2001, the Alliance purchased Whidden Memorial Hospital in Everett from Hallmark Health System. The Commonwealth endorsed the Alliance-Whidden

match because the two organizations shared a common mission, served similar populations, and were geographically close.

The expansion of the Alliance into other communities has had positive ramifications for Cambridge residents. The mergers have reduced competition among local hospitals, created more efficient service delivery, and built a safety net system that has greater leverage with payers. As a regional entity, the Alliance has access to greater resources and is better able to meet the health needs of its patients. Rather than diluting the focus on Cambridge or shifting resources to other communities, expansion has allowed the Alliance to strengthen its commitment to Cambridge. Cambridge residents now have access to a greater array of clinical services and public health programs, state-of-the-art medical facilities, and a larger pool of providers.

Challenges

Due to declining state revenues, the Massachusetts Department of Public Health cut \$110.3 million from non-hospital programs in the past two years. These cuts resulted in the reduction or elimination of the following programs:

Program	Percent cut	Dollars cut
Tobacco Control	88%	\$42.2 million
Community Health Centers	50%	4.7 million
Teen Pregnancy	36%	2.0 million
Environmental Health	34%	1.4 million
Disease Screening and Prevention Reductions FY01-FY03		
Breast Cancer	65%	\$6.4 million
Hepatitis C	37%	1.0 million
AIDS	12%	12.3 million
Program Elimination (100% funding cuts), FY01- FY03		
Health Statistics		\$1.2 million
Community Dental Health		1.0 million
Colorectal Cancer		0.25 million

The budget ax fell on other state agencies as well, resulting in cuts to homeless shelters, the reduction of 50,000 low-income residents from the MassHealth Basic program, and the elimination of comprehensive health education from the Department of Education budget.

City-sponsored and non-profit organizations tried to compensate for the lost funding, but in some cases there was little choice but to reduce services. Budget cuts also resulted in administrative and ancillary staff changes, and increased workloads as clients migrated from closed service centers. The City of Cambridge and Cambridge Health Alliance have been exploring ways to support programs affected by the reductions. There is both an understanding of the need for services and a stark recognition that the city and the Alliance alone cannot replace the money lost from the state.

Opportunities

Cambridge Health Alliance has been proactive in overcoming many barriers caused by the current health care environment. Going forward, the Alliance's commitment to providing excellent clinical care will be its greatest asset in ensuring credibility with stakeholders and its long-term viability. In 2003, the Alliance will continue to pursue its vision of becoming the premier academic public health care system in the nation. In so doing, the Alliance will ensure that Cambridge residents will have access to the finest health care and services available.



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II. Programs and Services

Public Health Delivery at Cambridge Health Alliance

The mission of Cambridge Health Alliance is to improve the health of the communities it serves. This is accomplished through providing quality clinical services, operating innovative public health programs, and supporting community initiatives.

While clinical services target individual patients, public health programs look at the community as a whole. These programs are responsible for monitoring health status; offering guidance, support, and linkages to community groups; and providing direct services to at-risk populations. Some examples are the Healthy Homes asthma program, the Men of Color Health Initiative, the Domestic Violence Free Zone, and Health Care for the Homeless.

As a regional health care system with a strong public health mandate, the Alliance has the resolve and capacity to address the national health goals set forth by the U.S. Department of Health and Human Services in a comprehensive document called *Healthy People 2010*. National public health priorities addressed by Cambridge Health Alliance include:

- Access to health care
- Asthma
- Cancer
- Chronic disease prevention
- Data and surveillance
- Environmental health
- Health education
- HIV/AIDS
- Injury and violence prevention
- Maternal, infant, and child health
- Mental health

- Nutrition and overweight
- Occupational safety and health
- Oral health
- Physical activity
- Sexually transmitted diseases
- Substance abuse
- Tobacco use

The Alliance operates or participates in these initiatives through the Cambridge Public Health Department, the Community Affairs Department, the Institute for Community Health, and its clinical departments.

The Cambridge Public Health Department

The Cambridge Public Health Department provides public health services to the City of Cambridge. Key activities are communicable disease prevention and control, school health nursing, maternal-child home visiting services, environmental health, emergency

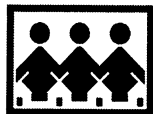


An elementary school student has his teeth examined by Dr. Mary Tavares during a dental screening provided by the Children's Dental Program.

preparedness, tobacco control, domestic violence prevention, children's dental health, physical activity promotion, and health advocacy. In addition, the department oversees the care and use of laboratory research animals and regulates massage therapists, body art establishments, ice skating rinks, recombinant DNA research, and smoking in restaurants.¹

Community Affairs Department

The Community Affairs Department was organized in 1998 to improve the health status of the community, working closely with the Cambridge Public Health Department on health promotion initiatives. A central focus of Community Affairs is improving access to health care among traditionally under-served populations, specifically men of color, immigrants, homeless individuals, and low-income families. Other activities include the Women, Infant and Children (WIC) program, HIV/AIDS services and prevention, and smoking cessation counseling.



Institute for Community Health

Cambridge Health Alliance is a founding member of the Institute for Community Health, a collaboration among three Massachusetts health care systems to improve the health of Cambridge, Somerville, and surrounding towns. In Cambridge, the Institute is leading initiatives on childhood overweight prevention, physical activity promotion, and child and adolescent mental health. In addition, the Institute provides health data analysis for the Cambridge Public Health Department.

¹ As a result of a 1983 Memorandum of Agreement, the City of Cambridge Inspectional Services Department assumes responsibility for several major categories of public health code enforcement. These include housing inspection, restaurant inspection, construction-related nuisances, and other specific violations of the state public health code. The Cambridge Public Health Department supports this code enforcement as needed, and pursues enforcement and investigation not explicitly stated in the health code.

Alliance Clinical Services

Cambridge Health Alliance is known for its unique model that integrates health care delivery and public health. The chiefs of Medicine, Pediatrics, Dentistry, Psychiatry, and Surgery are deeply concerned with improving the health of the public. Examples of the marriage between clinical care and public health include:

- Integration of clinical medicine and public health is critical to the Alliance approach to treating tuberculosis, HIV/AIDS, and mental illness. This integrated approach is also evident in the work of the Teen Health Center and the Senior Health Center.
- The Childhood Asthma Program (see Childhood Asthma chapter), is a full partnership among the Department of Pediatrics, School Health Nursing, and Information Systems.
- Significant gains in immunization rates among school-age children have been achieved through the coordinated efforts of the Department of Pediatrics, the School Health Nursing Program, in partnership with primary care and public health clinicians.
- Another area of marked improvement is in pediatric dentistry, due to the public health vision and leadership of the chief of Dentistry.
- Network Health, a managed-care plan providing coverage to the Medicaid population, increases access to preventive and primary health care for indigent residents.
- The clinical side of emergency preparedness was best illustrated in fall 2001. When workers in Cambridge were faced with a potential anthrax exposure, their care was coordinated and implemented by both The Cambridge Hospital Emergency Department and the Cambridge Public Health Department.

Public Health Priorities for the City of Cambridge

In 2000, the Cambridge Public Health Subcommittee selected five health priorities for the city: child and adolescent mental health, obesity prevention and physical activity, asthma and indoor air quality, access to health care, and health of men of color. In fall 2001, in response to the threat of bioterrorism, the health department added a sixth health priority, emergency preparedness.

The common thread among these topics is prevention. To public health professionals, prevention means reducing sickness, injury, and death by encouraging healthy behaviors, fostering safe and healthy environments, and ensuring that all people have access to adequate health care.

The six health priorities were discussed at length in the *Cambridge Public Health Assessment 2002* (available online at www.cambridgepublichealth.org). This edition of the *Assessment* presents the priorities through examples of the mechanisms by which the Cambridge Health Alliance delivers public health services.

Asthma and Indoor Air Quality

Asthma is the most common chronic disease among children, and can be life threatening. It is estimated that 4.8 million asthma sufferers in the U.S. are children. Asthma disproportionately affects people who live in poor, inner-city neighborhoods. In Cambridge, approximately 7% of public school children see their school nurse for asthma treatment.

Efforts to prevent and treat asthma, and to improve indoor air quality, are described in the chapters on Childhood Asthma and Tobacco Control.

Access to Health Care

“Access to health care” refers to the presence or absence of various barriers to seeking or receiving health care. Cambridge Health Alliance broadly defines access to include physical, cultural, and financial accessibility. Access to health care is essential for increasing quality and length of life, and eliminating health disparities.

The Community Access Program is an innovative program designed to improve access to health care through outreach to traditionally under-served populations.

Child and Adolescent Mental Health

Child mental health ranked as a top health priority based on strong evidence that a significant proportion of Cambridge children were experiencing depression, substance abuse, and aggression, along with other behavioral problems.

Some of the most revealing data came from the student health surveys, which are administered to middle grade and high school students. In the 2002 Teen Health Survey, 51% of Cambridge Ringe and Latin School students reported they were worried about depression, and 78 students reported attempting suicide in the previous 12 months. Survey data also indicated that

violence, substance abuse, family conflict, and the experience of death or loss may be significant factors affecting the emotional health of Cambridge children.

The Children's Mental Health chapter discusses the Institute for Community Health's work on this issue. The Violence Prevention chapter describes responses to the rash of gun violence in 2002.

Emergency Preparedness

Biological terrorism assumed new significance after the horror of September 11 and the anthrax attacks through the U. S. mail. The Cambridge Public Health Department, working closely with the Local Emergency Preparedness Committee, has assumed regional leadership in emergency preparedness.

The chapter on Emergency Preparedness focuses on responses to scenarios involving biological, chemical, or nuclear weapons. The chapter on Biosafety, although not about bioterrorism, describes another mechanism by which the health department protects the public from potential biological threats.

Health of Men of Color

The Cambridge Public Health Subcommittee prioritized the health of men of color based on undisputed evidence that this population suffers significant disparities in health status compared to the U.S. population as a whole. Men of color bear a heavy burden of morbidity and mortality, and are disproportionately vulnerable to heart disease, diabetes, lung and prostate cancer, HIV/AIDS, homicide, stroke, and hypertension.

The chapter on the Men of Color Health Initiative shows the progress made by that program in 2002.

Obesity Prevention and Physical Activity Promotion

Adult obesity and childhood overweight have reached epidemic proportions in the United States. These conditions are linked to high blood pressure, diabetes, cardiovascular disease, arthritis, cancer, depression, and sleep disturbances. Today approximately half of American adults and a quarter of all children and teenagers are considered obese, overweight, or at risk for being overweight.

Cambridge is no exception to this trend. In 2001, the Cambridge Public Schools reported that 19% of its students ages 5 to 14 were overweight and another 18% were at-risk of overweight. Among Cambridge and Somerville adults, 26% are overweight and another 11% are obese.

The Institute for Community Health reports on progress made in 2002 in tackling the problem of childhood overweight.

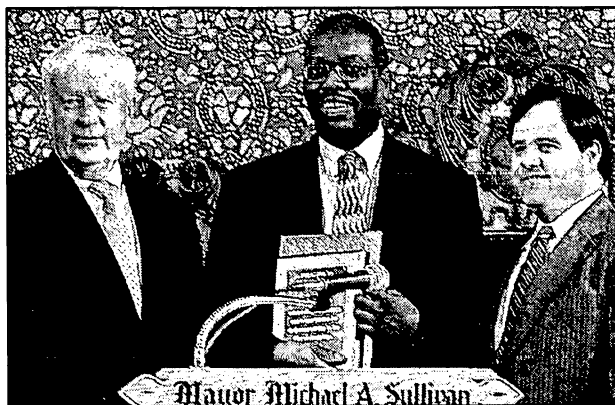


Second graders from the Fletcher Maynard Academy took weekly walks with their teacher to look for a Golden Shoe. When they actually found one, they decided to give the prize, a free pair of New Balance sneakers, to a homeless child in Cambridge. To reward their generosity, New Balance gave each of the students their own new pair of sneakers.

The Cambridge Public Health Department

In Massachusetts, there are 351 local public health agencies, each with its own health agenda. The ability of these agencies to provide essential public health services varies considerably. Here in Cambridge, there is a dynamic public health system that has the resources to collect data, launch programs, and pilot interventions. The health department actively seeks out community partners with whom to collaborate. Successful collaborations include the dental screening program, domestic violence prevention, immunizations for new kindergarten students, and the asthma home intervention program.

The Cambridge Public Health Department provides public health services to the City of Cambridge. The department exercises its statutory authority under Massachusetts General Laws, chapters 111, 112, and 114. Dennis Keefe serves as the Acting Commissioner of Health, and delegates the department's operations to Harold Cox, Chief Public Health Officer. The public



On May 10, Harold Cox (center), Chief Public Health Officer, received an Outstanding City Employee Award from Cambridge City Manager Robert Healy (left) and Mayor Michael Sullivan (right) for "excellence in public service."

health department is advised by the Cambridge Public Health Subcommittee, the Joint Public Health Board, and the City Council's Health and Environment Committee. The Cambridge Public Health Department works closely with the City Manager, City Council, the School Committee, and all city departments.

The Essential Services of Public Health

The fundamental obligations of public health agencies, as outlined by the Centers for Disease Control, are to:

- Prevent epidemics and the spread of disease
- Protect against environmental hazards
- Prevent injuries
- Promote and encourage healthy behaviors and mental health
- Respond to disasters and assist communities in recovery
- Assure the quality and accessibility of health services

The Cambridge Public Health Department performs services that ensure these obligations are met through the work of Public Health Nursing, School Health Nursing, Environmental Health, Emergency Preparedness, Community Health, Health Data Analysis, and its agreement with the Inspectional Services Department.

Emergency Preparedness Unit

For the past ten years, the Cambridge Public Health Department has been working actively with the Cambridge Local Emergency Planning Committee (LEPC) to prepare for natural and human-made emergencies that could represent a major threat to the

health and safety of residents. The LEPC conducts quarterly meetings and convenes a dozen sub-committees covering issues such as bioterrorism, preparedness protocols, community risk assessment, and biotechnology. Members of the Cambridge LEPC include representatives from the police, fire, and health departments; the hospitals; universities; and industry.

It was largely through the work of the LEPC that the city was able to respond quickly and efficiently during the anthrax threat in fall 2001. The city's response to potential bioterrorism threats was a well-planned, coordinated effort involving the city manager and the public health, police, fire, and emergency communications departments.

In the wake of September 11 and the anthrax threat, the Cambridge Public Health Department identified emergency preparedness as one of its highest priorities in 2001. An emergency preparedness manager was hired, and a new unit was formed.

The new unit oversees emergency preparedness activities for the Cambridge Public Health Department. The Emergency Preparedness Unit also coordinates with the LEPC and emergency planning organizations at the state and federal levels.



Professional Ambulance participates on the Health and Hospitals subcommittee of the Local Emergency Preparedness Committee (LEPC).

Environmental Health Unit

Environmental health comprises aspects of human health and illness that are associated with physical, chemical, and biological agents, and may be triggered or worsened by social and psychological factors. Working toward a cleaner environment, reducing potentially dangerous exposures, and responding to exposure concerns are all functions of an effective public health system.

The City of Cambridge coordinates a variety of programs intended to protect residents from environmental health threats. Although enforcement and oversight for these programs rests in several city departments, there is an ongoing need for public health leadership to address environmental health issues. In addition to responding to chemical and biological exposures of concern, the Cambridge Public Health Department provides technical assistance to other city departments and intervenes in situations that cannot be fully resolved elsewhere.

The Environmental Health Unit is concerned with the broad range of human health outcomes that can result from exposures to hazardous chemical agents, fibrous minerals, environmental allergens, non-human vectors of disease, genetically altered organisms, and waterborne or foodborne pathogens. Many of these potential threats to health are not reported or tracked by traditional public health mechanisms. Nevertheless, there is a growing concern about the negative impact environmental exposures may have directly on individuals and less directly on their susceptibility to communicable disease.

Public Health Nursing

Public Health nurses utilize a systemic approach to protecting and improving the health of the people who live and work in Cambridge. The nurses have long been the primary care managers for patients with active tuberculosis (TB) in the community. In February 2002, in recognition of this important work, staff dedicated and renamed the tuberculosis clinic the Schipellite Chest Center to honor Mary Schipellite, a public health nurse in Cambridge since 1967.

State budget cuts presented a major concern in FY02 and FY03. Financial resources available to the Cambridge Public Health Department for providing TB services were reduced substantially. In addition, closures of TB service programs elsewhere in the metro Boston area were expected to increase the number of patients seeking service in Cambridge. In 2003, the Cambridge Public Health Department will monitor the use of TB clinical services and will seek additional revenue sources in order to continue to offer the superior care that is currently provided.

A new Public Health Nursing responsibility is the inspection and licensing of tattoo and body art establishments in Cambridge. Public health nurses and staff from the environmental health unit work with



Ricki Lacy, RN, and Jason Webster, Cambridge Public Health Department staff, meet with a tattoo practitioner during a site inspection.



Mary, McFadden, RN, takes the temperature of a child at the Tobin School.

prospective licensees to ensure compliance with the standards for operating body art establishments. Nurses provide guidance in the areas of infection control, health education, and client teaching. In addition, the nurses offer Hepatitis B vaccinations to body art practitioners.

School Health Nursing

The School Health Nursing Program is dedicated to improving the overall health status of the school community and insuring that each student can reach his or her own potential in a healthy manner. In addition to providing first aid, medication administration, health education, and health counseling for students, school nurses are responsible for case management services, linkages between families and primary care, and advising school staff. The Cambridge School Health Nursing Program also serves as a resource for training nursing students.

Weight Management

Parents who participated in focus groups conducted in 2002 identified school nurses as the providers they felt most comfortable talking with about their children's weight and fitness issues. School nurses work closely with physical education staff and the Institute for Community Health to support healthy weight in children.

Asthma

School health nurses manage care for children with asthma in the Cambridge Public Schools (e.g., tracking attendance; evaluating medication usage; ensuring precautions are taken for school trips) and provide direct care to keep children with severe asthma in school. With parental consent, a new web-based asthma registry (see Childhood Asthma chapter) provides school nurses with access to children's treatment plans, physician orders, and medication consent forms.

Non-Public Schools

The Enhanced School Health Services grant supports a part-time nurse consultant and health aide for five parochial schools (three elementary and two secondary) and one charter school. Through this program, health services that were not previously available are provided to the charter and parochial schools. The grant has also allowed the non-public schools to utilize the computerized record system that was recently implemented in the public school system.

Community Health Programs

The mission of Community Health Programs is to promote and encourage healthy behaviors, develop public health policy, and to identify opportunities for early intervention and disease prevention. A strong relationship with the community is essential for health promotion campaigns and early intervention efforts to be effective and for public health policy to be relevant.

Health promotion occurs in partnership with community-based organizations, residents, and

other Cambridge Health Alliance departments.

Health promotion activities include public awareness campaigns (e.g., dating violence prevention, Cambridge Walks, the Agenda for Children Literacy Initiative), and health education (e.g., tobacco control, health fairs, educational forums).

Public health policy development has occurred in the areas of tobacco control, domestic violence prevention, mental health promotion, public toilets, and homelessness. The student health surveys, conducted biannually in partnership with the Cambridge Public Schools and the city's Department of Human Service Programs, help identify areas of need among public school children.

Early intervention and disease prevention is accomplished through the Children's Dental Program. This program provides dental education and screening to preschool and elementary school children, with direct referral for treatment at the Windsor Street Dental Clinic.

The Laboratory Animal Commissioner

The Laboratory Animal Commissioner is a licensed veterinarian who oversees the care and use of laboratory animals used in research in Cambridge.

Licenses and Permits

The Cambridge Public Health Department issues licenses and permits for massage therapy, recombinant DNA, burial, body art, and for allowing smoking in restaurants.

1: *Emergency Preparedness*

The Cambridge Public Health Department, along with the Cambridge Local Emergency Preparedness Committee (LEPC) and other first responder agencies, leads the city's public health response to emergencies that could represent a major threat to the health and safety of residents.

In 2002, an emergency preparedness manager was hired, and a new unit was formed. Key activities in 2002 focused on preparing local, regional, and hospital-level responses to scenarios involving biological, chemical, or nuclear weapons of mass destruction.

Activities in 2002

Public Health Emergency Preparedness Plan

In August, health department staff completed the "Cambridge Public Health Department Emergency Operations Plan," which was submitted to the LEPC for inclusion in the city's emergency preparedness plan. The 37-page plan addressed potential bioterrorist threats, detection of outbreaks caused by agents of bioterrorism, incident management and logistics, and local public health response to chemical and radiological threats.

Cambridge Local Emergency Planning Committee

Health department staff actively participated in Cambridge LEPC activities in 2002. Department staff are members of the LEPC's Health and Hospitals subcommittee, which includes representatives from

Professional Ambulance, Youville Hospital, Mount Auburn Hospital, and Harvard and MIT health services. Staff also participated in several emergency preparedness drills organized by the Cambridge LEPC.

Incident Command System

The Incident Command System is a tool for command, control, and coordination of emergency response across multiple agencies. Developed by the California Fire Service in the 1990s after a devastating wildfire in the Oakland Hills, the Incident Command System has been widely adopted as the "gold standard" among emergency responders. In 2002, the Cambridge Public Health Department worked closely with other first responder organizations (e.g., local emergency medical, fire, police) to determine its role within the existing incident command structure and establish the circumstances (e.g., bioterrorism) under which public health would become the lead responding agency.

Hospital Emergency Incident Command System

The Cambridge Public Health Department partnered with area hospitals to help institute the Hospital Emergency Incident Command System (HEICS) in Cambridge. Based on the Incident Command System, HEICS defines responsibilities among key Alliance personnel, establishes clear reporting channels, and uses common terminology so that hospital staff can work easily with other emergency responders, such as police and fire departments. In October, the health department organized a two-day HEICS training for

senior managers and administrators from Mount Auburn Hospital, Youville Hospital, and Cambridge Health Alliance. More than 100 people attended.

Local Planning

- Integrating planning initiatives among the city's health providers was a key part of the health department's emergency preparedness activities. Staff worked closely with Cambridge-area hospitals, as well as MIT and Harvard University, to develop coordinated emergency preparedness plans.
- The health department worked with the fire department and area hospitals to develop protocols for emergency radio communications and hospital-based hazardous materials decontamination.

Regional Planning

It is expected that a major public health emergency in Cambridge would quickly demand resources from neighboring communities, as well as the resources of state and federal agencies.

- The Massachusetts Department of Public Health (MDPH) has begun an extensive planning initiative to determine the best way to prepare for a public health emergency. Cambridge Public Health Department staff serve on a number of MDPH committees including epidemiology and surveillance, training,



Staff from Cambridge Health Alliance, Mount Auburn Hospital, and Youville Hospital engaged in workgroups at a training on the Hospital Emergency Incident Command System.

smallpox, emergency communication, and laboratory resources.

- The Cambridge Public Health Department is leading a coalition of 26 communities to plan for possible public health emergencies. This group was co-founded by the Cambridge Public Health Department in 2000 to engage smaller Boston-area cities and towns in developing a unified response to the threat of West Nile virus.

Surveillance

Surveillance is central to any preparedness planning for public health emergencies. The Cambridge Public Health Department has joined the City of Boston in expanding the Emergency Department Surveillance System to five sites in the Cambridge area including The Cambridge Hospital and Mount Auburn Hospital. The system tracks the number of emergency room admissions and alerts the Cambridge Public Health Department when visits exceed expected volume levels. Combined with the 11 hospitals in Boston, it is hoped this system would provide the Cambridge Public Health Department with an early warning of a bioterrorist attack.

Biological, Chemical, and Radiological Threats

Biological Threats

Unlike other forms of terrorism, which primarily call upon the rescue and law enforcement communities, response to bioterrorist incidents relies heavily on the public health infrastructure. It is expected that a bioterrorist incident would not happen suddenly, but rather build over a period of hours or days. It may only become apparent that an incident has occurred when victims seek care in clinics, emergency rooms, and physicians' offices. If such an event occurs, Cambridge will be largely dependent upon its public health infrastructure.

Chemical Threats

Chemical agents that might be used by terrorists range from warfare agents to toxic chemicals commonly used in industry. Because hundreds of new chemicals are introduced internationally each month, treating exposed persons by clinical syndrome rather than by specific agent is more useful for public health planning and emergency medical response purposes. Public health agencies and first responders might render the most aggressive, timely, and clinically relevant treatment possible by using modalities based on syndromic categories (e.g., burns and trauma, cardio-respiratory failure, neurologic damage, shock). These activities must be linked with authorities responsible for environmental sampling and decontamination.

Radiological Threats

Local response to widespread radiation exposure is critical since there may not be regional, state, or federal support in the first few hours after such an event has occurred. The Cambridge Public Health Department would have a supporting and coordinating role in this local response. A key activity would involve working with public safety agencies, emergency medical services, and local hospitals to assure safeguards were in place to protect the public, first responders, and clinical staff.

Furthermore, the Cambridge Public Health Department would identify local health care facilities,

communication, and shelter resources. It would also make an evacuation assessment to protect residents and workers in the city. The Cambridge Public Health Department would also be prepared to coordinate with outside agencies immediately upon notification by civil defense or public safety officials that such a threat was present, subject to instruction from the incident commander.

Challenge & Opportunities

- Developing multiple surveillance mechanisms for detecting chemical, biological, and radiological threats will continue to challenge the public health system.
- The Cambridge Public Health Department will ensure that all emergency preparedness activities are developed in a coordinated fashion among city agencies, hospitals, and universities.
- The Cambridge Public Health Department will continue to seek federal and state support for ongoing emergency preparedness activities.
- The Cambridge Public Health Department's communication plan must be aligned with the plans of other municipalities.
- With the current emphasis on emergency preparedness, there are many opportunities to continue working with area hospitals in implementing HEICS.

2: Cambridge Biosafety Forum



In September 2002, the Cambridge Public Health Department sponsored the inaugural Cambridge Biosafety Forum at The Cambridge Hospital. More than 100 people attended from institutions, companies,

and public health departments across eastern New England. The Cambridge Public Health Department's Environmental Health Unit and the Cambridge Biosafety Committee organized the forum to educate biosafety professionals, academic staff, community members, and public health colleagues who serve as overseers to the biotech industry.

Panel topics included biosafety best practices, laboratory design, infection control, recombinant DNA, bioterrorism legislation, and the risks and benefits of biotechnology. Among the speakers were Dr. Andrew Braun (Harvard Medical School), Sheldon Krimsky (Tufts University and the Council for Responsible Genetics), Hazel Sive (Whitehead Institute), Claudia Mickelson (MIT), Sam Lipson (the Cambridge Public Health Department), and several biosafety professionals from Cambridge-based pharmaceutical and biotechnology companies.

The biosafety forum coincided with the 26th anniversary of the City of Cambridge's Recombinant DNA (rDNA) Technology Ordinance, the first attempt in the world to regulate the manipulation of genetic material.

The events leading to the passage of the rDNA ordinance were nothing short of remarkable. A small group of Cambridge residents—some luminaries in the scientific community, others ordinary citizens—came together in 1976 to form a scientific advisory board. Amid growing fear and curiosity about biotechnology, the advisory board's task was to decide whether research involving rDNA material would be permitted within city limits.

After months of debate, the board decided that recombinant DNA research would be allowed to move forward, but with strict local oversight. This decision led to the formation of the Cambridge Biosafety Committee, an enforcing body comprised of local citizens. The Cambridge Public Health Department is responsible for convening the committee and enforcing its decisions. Dr. Melvin Chalfen, emeritus Commissioner of Health and Hospitals for the City of Cambridge, chairs the committee.

3: *Childhood Asthma Program*

Cambridge Health Alliance and the Cambridge Public Health Department are leading the city's public health initiative on childhood asthma.

Despite the increased national focus over the past decade on asthma, particularly among children, efforts to measure asthma prevalence rates have been hampered by enormous obstacles. These obstacles include inconsistent diagnoses among primary care providers, lack of central reporting mechanisms, and poor communication among children's care providers (e.g., pediatricians, parents, school nurses, pharmacists, emergency departments).

Recognizing the importance of a coordinated approach for managing asthma care, Cambridge Health Alliance in 2001 developed a multidisciplinary team to design and implement the Childhood Asthma Program. The chief of Pediatrics chairs the program's steering committee. Membership includes representatives from Ambulatory Care, Pediatrics, the Department of Quality Improvement, the Respiratory Department, Network Health, and the Cambridge Public Health Department.

The following section focuses on the 2002 achievements of the Childhood Asthma Program.



Gloria Mejia, Home Environmental Counselor, visiting a family to teach them about reducing asthma triggers in the home.

Activities in 2002

Pursuing Perfection

As a result of ongoing quality improvement efforts, the Alliance unveiled an ambitious plan in 2001 to build an integrated asthma registry and a management matrix that will cross clinical departments and community boundaries. In spring 2002, the Robert Wood Johnson Foundation awarded Cambridge Health Alliance a \$1.9 million grant to expand its asthma and diabetes pilot projects, and initiate new projects in six areas: depression, children's oral health, open access in specialty and diagnostic services, medication safety, and intensive care services. Cambridge Health Alliance was only one of seven health care organizations in the country to receive this level of funding from Robert Wood Johnson's *Pursuing Perfection: Raising the Bar for Health Care Performance* initiative.

Pursuing Perfection began as an idea — that health care can be nearly perfect; that dedicated professionals can change current systems; and that health care organizations can improve quality and safety and set new standards of patient care.

Leadership Team

In 2002, a leadership team was established to manage the Childhood Asthma Program. The team will assure integration with the full continuum of care, from community to hospital and from self-care to subspecialty care. The team will build on the successes of other improvement efforts (e.g., open access to appointments) to guide the dissemination of lessons learned in the pilot projects.

Asthma Registry

In both the asthma and diabetes pilot projects, computerized disease registries have been designed to provide a clearer picture of patients' health. No matter where a patient enters the health care system — primary care appointment, school nurse's office, Emergency Department, or even at another Boston-area hospital — providers will know their health history, current medications, unfilled prescriptions, and even how they have felt in the past week. The implementation of an electronic medical record will also incorporate reminders about periodic and preventive care. This program design is possible through information technology and the strength of community linkages. Partners in this effort include local agencies, schools, pharmacies, other health care institutions, and the patients themselves who will eventually be able to update their health information online.

The Cambridge Public Health Department has been a critical participant in the planning and implementation of the *Pursuing Perfection* work in the Childhood Asthma Program. School nurses, in their function as care managers in the schools, have access to the pediatric asthma registry. This allows nurses to share important information with primary care sites and the emergency department. The schools also serve as a bridge to providers outside the Alliance. School health staff will send an asthma action plan to the home of each known asthmatic child. These action plans ensure ongoing communication about a child's care and medication among family, school nurses, and the child's other health care providers.

Healthy Homes



The Healthy Homes program is an important part of the Childhood Asthma Program. Referral to the Healthy Homes program is one of the standards of care for children diagnosed with asthma. Healthy Homes staff members visit families at home, assist in reducing household asthma triggers, and review medication use. As the asthma registry becomes operational, children will automatically be referred to the Healthy Homes program when their primary care providers enter their names in the registry.

Challenges & Opportunities

Cambridge Health Alliance, as one of the Robert Wood Johnson Foundation *Pursuing Perfection* sites, has an incredible opportunity to not only set new standards of care but to lead its communities, the state, and the nation into a new era of health care excellence.

Pursuing Perfection will be a long and challenging process.

- As the Alliance develops new systems of chronic disease management, it will also be working internally to optimize its organizational structure. Patients, caregivers, and administration will be involved in this process to determine what works best for patient care.
- As the system evolves, the Alliance will be challenged to expand the system to other health care providers and institutions. This is essential if there is to be seamless care for these children and their families, no matter where they enter the health care system.

4: Tobacco Control and Indoor Air Quality



The Cambridge Public Health Department is leading a regional campaign to make all workplaces in Greater Boston 100% smoke free, including restaurants and bars. Under current Massachusetts law, smoking is permitted in private workplaces.

The Cambridge tobacco control ordinance passed in 1999 has been successful in reducing smoking in many eating establishments, but it does not protect all bar and restaurant workers from exposure to secondhand smoke. These are the *only* workers in the city who are not protected from this environmental hazard.

The Cambridge Public Health Department has developed a regional initiative, called Clean Air Works, to protect all workers in Greater Boston from exposure to environmental tobacco smoke. The mission of Clean Air Works is to educate communities about the danger of secondhand smoke, and to secure smoke-free workplaces in Greater Boston.

During the 1999 ordinance amendment process, the Cambridge Public Health Department worked closely with area restaurant owners and the Massachusetts Restaurant Association. At that time, local restaurateurs predicted that tougher smoking regulations in Cambridge would cause them to lose business to neighboring communities.

In fall 2001, the Cambridge Public Health Department invited neighboring communities, including Boston, to work together on a unified approach to establish smoke-free workplaces throughout the region. As of January 2003, 19 communities and more than 30

organizations had joined the Clean Air Works campaign. In December 2002, the Boston Public Health Commission took the lead by passing a health regulation that will eliminate smoking in all Boston restaurants and bars.

Activities in 2002

Clean Air Works Partners

Clean Air Works has been successful because of the collaborations it has fostered among city governments, community members, health organizations, tobacco control advocates, businesses, workers, and unions. As of January 2003, Clean Air Works community members included 19 health departments and boards of health: Boston, Braintree, Brookline, Cambridge, Chelsea, Everett, Framingham, Holliston, Malden, Medfield, Medford, Needham, Norfolk, Newton, Revere, Saugus, Somerville, Watertown, and Wellesley.

Clean Air Works also includes 30 organizational members, ranging from health advocates and community-based organizations to labor organizations and small businesses.

Public Awareness Activities

Community education and mobilization activities in 2002 made tremendous progress toward educating the public about secondhand smoke exposure and creating local demand for policy change. Advocacy work included signature gathering and developing presentations, postcard campaigns, and paid advertisements.

Legislative Progress

The City of Cambridge, along with many other member communities, has legislation pending that would establish 100% smoke-free workplaces. In 2002, most cities and towns involved in Clean Air Works held public hearings, and in some communities, including most notably Boston, the protective legislation was passed.

Clean Air Works North

A sister initiative called Clean Air Works North was launched in nine North Shore communities in 2002. Other communities around the state have demonstrated eagerness to repeat the example of Clean Air Works in their regions.

Challenges & Opportunities

- The most immediate challenge to protecting the health of restaurant and bar workers in Cambridge is passing the amendment to the Cambridge tobacco control ordinance.
- If the amendment is passed, implementation would present the next challenge. The Cambridge Public Health Department would work with local restaurant and bar owners, the police, and the license commission to facilitate the transition to smoke-free workplaces.
- On a larger scale, the greatest challenge facing tobacco control in Cambridge and throughout Massachusetts was the devastating reduction of the tobacco control budget. In 2002 alone, the Massachusetts Tobacco Control Program of the state public health department was slashed from \$48.2 million to \$31 million, to \$9.55 million, and then to \$5.8 million. Without the financial lifeblood of the tobacco control program, tobacco use in the Commonwealth may rise again after years of decline. For that reason, if none other, protections afforded through local legislation of smoke-free workplaces are essential for the public's health.

5: Violence Prevention

In 2002, the Cambridge community experienced a number of untimely deaths due to violence. The Area IV neighborhood (the area between Central, Inman, and Kendall squares) was particularly hard hit: at least three people died as a result of domestic violence, two men were fatally shot on the street, and a mentally ill man was tragically killed during a police response to a disturbance call. In addition, several individuals suffered serious weapons-related injuries.

The recent surge in gun violence in Cambridge is cause for great concern. During the first six months of 2002, there were five murders in Cambridge; the last time Cambridge registered five murders in a calendar year was 1995.

City leaders and residents came together with great urgency in early summer in the wake of several of these deaths to identify issues, assess the extent of the problem, and determine action steps. Some residents with strong personal connections to the victims or perpetrators expressed a profound sense of loss and dismay. For others, the alarming increase in gun violence, the apparently intractable drug trade, and the ongoing prevalence of domestic violence raised more general safety concerns.

In June, a group of community leaders emerged from the Area IV neighborhood and the Men of Color Health Initiative to identify an action plan for addressing violence. Among the concerns identified was the need for culturally appropriate mental health services. Throughout the summer, community residents and the Cambridge City Council called

meetings to respond to questions about safety and security following a murder on Windsor Street.

Activities in 2002

Mental Health Services

The Cambridge Public Health Department and the Cambridge Health Alliance Department of Psychiatry, along with the city's police and human services departments, worked intensely with the community leadership group. This collaboration led to the formation of an ad hoc mental health and public safety task force, which identified several action steps.

The task force addressed a range of issues, including domestic violence, drug trafficking, weapon violence, diminished sense of safety within the community, accessible mental health treatment, and “de-stigmatizing” mental health services. As areas needing improvement were identified, action steps were assigned to key individuals.

■ **Outreach:** Focused outreach to loved ones of the homicide victims was coordinated by the Alliance Department of Psychiatry and community members. In addition, the director of Adult Psychiatry initiated an effort to improve outreach and response to survivors of homicide and violence. This included reevaluating existing protocols for emergency, crisis, and follow-up responses. The psychiatry department has also been working to enhance coordination between the Cambridge Police Department and the Psychiatric Emergency Outreach Team.

- **Public Awareness:** Outreach efforts also must include effective publicizing of available services for victims, potential perpetrators, and witnesses of violence.

The Department of Psychiatry began developing simple outreach materials that included phone numbers of available services. The spectrum of Alliance counseling and treatment services include adult counseling, child and adolescent counseling, addictions treatment, 24-hour psychiatric emergency services (including emergency outreach in the community), and programs that specialize in helping individuals, families, and communities address the issues related to the effects of violence. Many of these services are available in multiple languages and provided by culturally competent treatment teams.

- **Accessibility:** The Department of Psychiatry also addressed accessibility of counseling and supportive services. The department increased clinical time at the Windsor Street Health Center and streamlined scheduling to remove barriers to appointments.

There are also issues of cultural accessibility. The psychiatry department has long-established linguistic mental health teams and has been committed to building the diversity of its mental health workforce. In fall 2002, an African-American psychiatrist increased her Windsor Street Health Center hours to augment those of other providers of color at the health center. Additional services will include on-site child and adolescent mental health services, and addictions counseling.

- **Training and consultation:** Human services and police personnel required additional training in mental health issues. The Alliance psychiatry department provided training to direct care workers at youth centers on identification and referral for mental health support. Psychiatrists also began working with the police department to develop a module for the Cambridge Police Academy. This

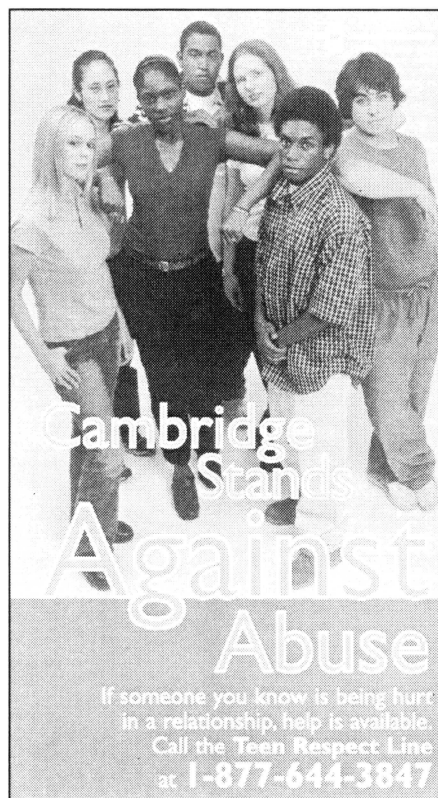
module will focus on dealing effectively with mentally ill individuals.

The Department of Human Service Programs organized a conference for out-of-school time providers that included sessions on "counseling for non-counselors."

Gun Violence Prevention

In September 2002, there was an opportunity to apply for funding for a gun violence program. While it is not known at the time of this writing whether the grant was awarded, the development of the proposal by a collaborative group of city departments and community leaders laid the groundwork for developing prevention strategies.

Reducing gun violence requires particular focus on offenders who are reentering the community from a penal institution. Due to sentencing laws and practice



in the last decade, many offenders are leaving prison without parole. The needs of recently released prisoners vary. Some may need treatment for drug or alcohol dependence, or other health problems. Some may need literacy or job skill development. Others may need assistance in finding jobs (employment options for ex-convicts are limited) or housing. Family and peer relationships are pivotal to successful reintegration.

A public health framework for gun violence prevention would include three components:

- Primary Prevention (focus on education, including developing educational materials)
- Secondary Prevention (focus on high-risk individuals and groups, referral systems)
- Tertiary Prevention (focus on reentry assistance for people coming out of prison)

In fall 2002, the Workforce Development program of the human services department increased program development for Cambridge residents between the ages of 20 and 30.

Domestic Violence Prevention and Intervention

The Domestic Violence Free Zone initiative, under the leadership of the health department's violence prevention coordinator, developed a teen dating violence prevention campaign in 2002. A teen

advisory committee was instrumental in the development of the campaign message ("Cambridge Stands Against Abuse") and materials, which featured photos of these Cambridge young people. The campaign was launched on October 8, 2002 at Cambridge Rindge and Latin School.

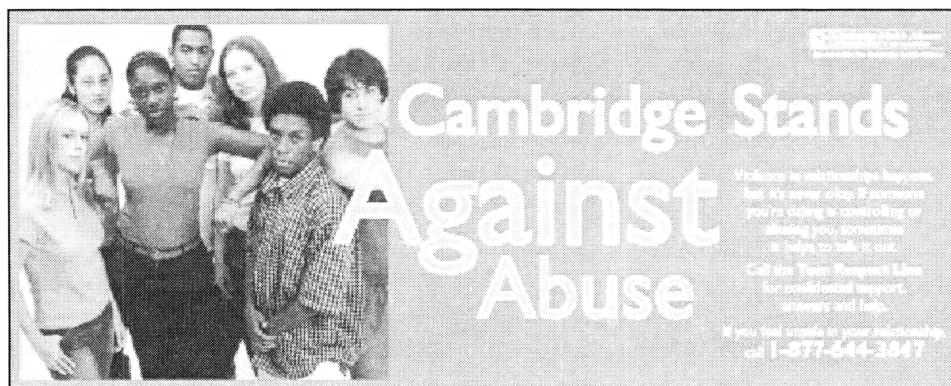
In response to concerns raised by city councillors, the violence prevention coordinator and the coordinator of the Men of Color Health Initiative worked together to address the domestic violence prevention and intervention needs of communities of color. After identifying gaps in access rather than service, the coordinators developed a communication plan for outreach to under-served communities that focused on domestic violence and sexual assault.

Challenges and Opportunities

The greatest challenge to violence prevention is the pervasiveness and seeming intractability of drug use, domestic violence, and street violence.

It is incumbent upon the health, police, human service, and school departments to continue their cooperative approach to these issues. It is paramount for the City of Cambridge to build trust among the residents and community members most directly affected by violence. Keeping communication channels open and continuing collaborative problem solving are key to building that trust. It is even more critical that

all parties follow through on initiatives and pursue all necessary resources to ensure the safety and well-being of the community.



6: Homelessness

Homelessness is a pervasive problem in the United States. Its causes are well documented—poverty, mental illness, immigrant status, alcohol and drug abuse, domestic violence, and other trauma. Solutions, however, remain elusive.

About a decade ago, a group of public health advocates began to view homelessness as a complex social issue with dire health consequences for those afflicted. They argued that preventing homelessness would promote health by reducing exposure to health risks.

While public health practitioners still debate whether homelessness belongs on the national health agenda, they agree on one thing. Homelessness is harmful to health. Overcrowded shelters are fertile environments for parasitic and infectious diseases. Other health threats include exposure, poor nutrition, sleep deprivation, heavy tobacco use, and exposure to street violence, alcohol, and other drugs.

These conditions put homeless adults and adolescents at increased risk for tuberculosis and other respiratory



Providers expect the homeless population in Cambridge to rise due to lack of affordable housing, shelter closings in other towns, and the shortage of hospital beds for psychiatric patients.

diseases, trauma, depression, alcoholism, drug abuse, HIV infection, and sexually transmitted diseases. Children without homes also suffer greatly. They may experience delayed cognitive development, anxiety and depression, frequent infections, and poor preventive care.

As an institution committed to improving the health status of all people, including under-served populations, Cambridge Health Alliance has been delivering primary care and mental health services to homeless men, women, and children in Cambridge since 1989. Health Care for the Homeless is a multidisciplinary team of Alliance physicians, nurse practitioners, nurses, and social workers providing care in shelters, soup kitchens, drop-in centers, and on the streets of Cambridge and Somerville.

In summer 1999, the Teen Health Center, the Cambridge Public Health Department, and Health of the City conducted a health survey of street youth who frequented the “Pit” in Harvard Square. That October, findings were presented to health and human services providers, who formed a committee to address health and safety issues identified in the study. What emerged from these meetings was Youth on Fire, a drop-in center for homeless youth based in Harvard Square. In FY02, Cambridge Health Alliance was the single largest funder of Youth on Fire. The Alliance also supports the program through ensuring access to treatment and emergency care, and providing on-site psychiatric services.

In addition to Youth on Fire, the Alliance also gives supplemental funding to other community-based organizations that serve homeless adults and

adolescents including the CASPAR-Albany Street shelter, the Salvation Army shelter, and Cambridge Cares About AIDS.

Since 1999, the Cambridge Public Health Department has produced several comprehensive reports for the City of Cambridge on issues related to homelessness.

- In 1999, a multidisciplinary working group, chaired by the chief public health officer, released *Addressing Issues of Homelessness, Public Intoxication, and Nuisance Behaviors*.
- In 2001, the public health department completed two in-depth reports on public toilets for the city manager, which followed up on recommendations proposed in the 1999 *Homelessness* report.
- In 2002, health department staff authored a 20-page report on the Harvard Square Pit that explored public safety, design, and social service issues related to the so-called "Pit kids," many of whom are homeless. The impetus for the report was the brutal rape and murder of a young homeless woman who frequented the Pit.

In 2002, the plight of homeless individuals in Massachusetts worsened as the state faced a \$2.5 billion loss in tax revenue. In a matter of months, the legislature cut state aid for 328 shelter beds, eliminated the state's emergency financial aid program to families facing eviction, and lowered the income threshold to qualify for shelter. Meanwhile, state public health agencies were forced to slash funding for substance abuse programs and mental health services, both of which have a significant homeless clientele.

These cuts visibly affected communities in Greater Boston, where most of the state's homeless population resides. In Cambridge, the Albany Street shelter had to eliminate its daytime shelter hours, resulting in more intoxicated individuals congregating in Central Square. Many of these individuals have multiple problems,

including serious alcohol addiction, and are at risk for medical complications, exposure, and overdose.

Providers expect the homeless population in Cambridge to rise due to lack of affordable housing, shelter closings in other towns, and the shortage of hospital beds for psychiatric patients. The Cambridge Police predict that even their holding facilities will be full during the winter months.

The specter of homeless people flooding the streets of Cambridge stirred impassioned response from civic leaders, business owners, human service providers, health care providers, and public health professionals in fall 2002.

For some, the prospect of increasing homelessness was accompanied by fear that an influx of street people would increase criminal activity and nuisance behaviors, such as aggressive panhandling, public intoxication, and drug use. There was also concern that the appearance and behavior of homeless people in Cambridge might intimidate tourists and shoppers. Proposed solutions typically focused on deterrence, from more aggressive policing to removing benches where homeless people gather.

The impending homeless crisis was also recognized as a deeply troubling social issue. Providers were concerned the shortage of beds in Greater Boston would push more individuals onto the streets, leading to more illness and death. There was also fear that newly homeless individuals might be unwilling or unable to access existing services. They might be invisible to the system, living in cars or doubled up with other families in substandard housing. Finally, the effect on staff forced to turn people away from shelter, knowing that some might not survive, was expected to be profound.

The city manager and the Alliance worked together in 2002 to maintain existing programs.

7: *The Agenda for Children Literacy Initiative*

The Agenda for Children brings together city departments, businesses, foundations, community-based organizations, and residents to improve the lives of Cambridge children and their families. One of its two primary goals is to ensure that all children and their families will be able to read.

While literacy is typically not considered within the realm of public health, it is an essential foundation for leading a productive and healthy life. That the Literacy Initiative resides in the Cambridge Public Health Department reflects Cambridge Health Alliance's longstanding commitment to Cambridge children. Through the Alliance's READ program, the literacy coordinator and pediatricians work together to promote literacy among pediatric patients who visit Alliance primary care sites.

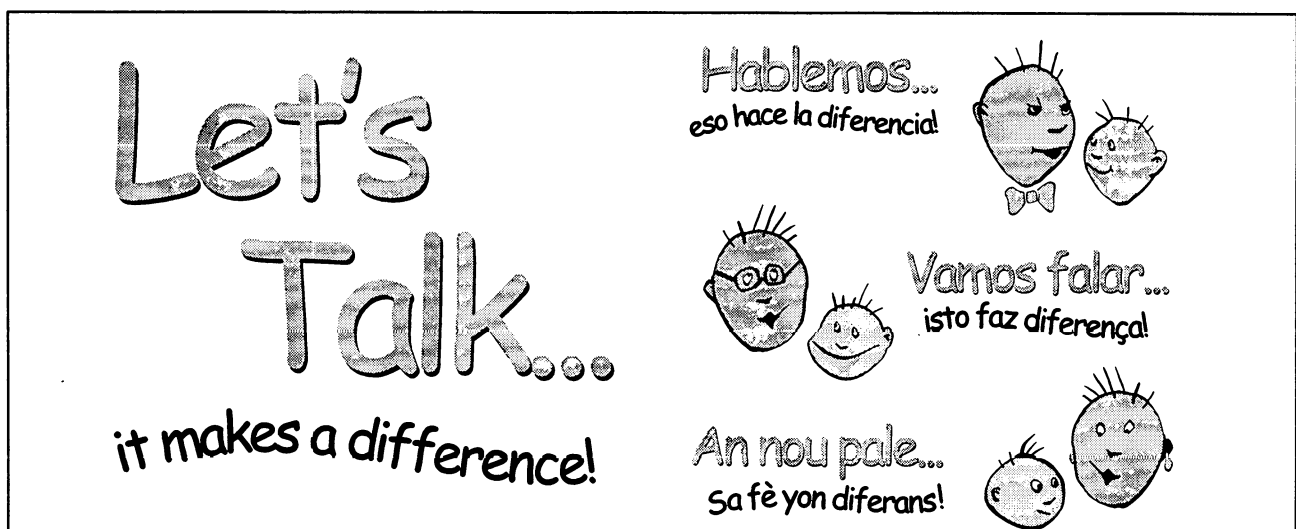
In 2002, the Literacy Initiative focused on public awareness, parent education, professional development, and resource development.

Activities in 2002

Let's Talk Campaign

At the end of 2001, the Literacy Coordinator hired a social marketing firm to assist in developing a comprehensive literacy promotion campaign. *Let's Talk* is the first phase of the campaign and emphasizes the importance of oral language development in very young children (newborn to age 5). Its target audiences are parents and child care providers.

- Infant bibs, toddler cups, washcloths, kitchen magnets, stickers, banners, bookmarks, and tip sheets were among the educational materials developed for parents and child care professionals.
- The campaign officially kicked off in May when the Mayor, Vice Mayor, and Vice Chair of the School Committee read stories to preschoolers throughout the city. Children who participated in the readings received *Let's Talk* materials and free books.





Lei-Anne Ellis, the Literacy Coordinator, conducted a workshop for parents in North Cambridge.

Parent Education

Literacy Initiative-sponsored reading parties and family fun events were the principal venues for teaching parents about the importance of talking with their children.

- Reading parties were hosted by the Al Huda Society, Even Start, the Center for Families of North Cambridge, and Head Start.
- Reading parties, like Tupperware parties, rely on a host to bring together a group of friends and neighbors. Potential “literacy ambassadors” from the city’s various ethnic and linguistic communities were identified at the reading parties.
- Small family fun events were held at Roosevelt Towers and Jefferson Park housing developments and at St. Paul AME Church.
- At the 6th annual Family Fun Day at Cambridge City Hall, about 400 children and adults participated in hands-on activities that promoted literacy and learning.
- The literacy coordinator led discussions at parent meetings throughout the city about the importance of oral language development. Venues included the Hildebrand Self Help Shelter, Cambridge Housing Authority’s Work Force Program, and the Massachusetts Alliance for Portuguese Speakers.

Professional Development

While there are many literacy specialists in Cambridge, the concept of promoting talking in early care and education settings is not yet widely recognized.

- To increase the level of knowledge about the relationship between oral language and literacy development, a highly respected researcher and lecturer was engaged to speak to almost 40 literacy specialists in Cambridge.
- The literacy coordinator led workshops on reading and language development for direct care providers, which were organized by various community partners. Among the participants were family child care providers (e.g., Child Care Resource Center), tutors (e.g., First Holiness Church, Jamnastics), preschool directors, and staff from city agencies and community-based organizations (e.g., Concilio Hispano, Cambridge Housing Authority).

Grant Funding

The Agenda for Children was the proud recipient of three major grants awarded in 2002. The grants will bring significant resources to the city to promote literacy in schools, out-of-school time programs, health care facilities, and other community locations.

- The U.S. Department of Health and Human Services awarded \$969,272 to the Cambridge Public Schools for a 17-month period. Of this amount, \$98,600 was allocated to the Literacy Initiative to educate parents about the importance of oral language development in babies.
- The Massachusetts Department of Education’s Family Literacy Consortium awarded a three-year, \$180,000 grant to the Agenda for Children and the Community Learning Center to develop a comprehensive approach to family literacy.

- The Massachusetts Department of Education awarded a five-year, \$225,000 grant to the Cambridge Public Schools. The Literacy Initiative will receive \$20,000 of this to coach out-of-school time providers in literacy strategies used by the school department.

Evaluation

An expert in oral language development and literacy was hired to help evaluate the *Let's Talk* campaign. The evaluation, which will be conducted by the Institute for Community Health, will measure parental awareness and behavior change.

Challenges & Opportunities

- In spite of the November 2002 ballot referendum to dismantle bilingual education in Massachusetts, the Agenda for Children literacy initiative will continue promoting oral language development in native languages.
- At a time when local educational and social service organizations are reeling from budget cuts, engaging city partners to fully embrace and identify their roles in the *Let's Talk* literacy campaign has never been more critical.
- In less than a year since its inception, the *Let's Talk* campaign has garnered national attention. Literacy experts in other parts of the country are following the campaign's progress with great interest with the hope of launching similar initiatives in their communities. The Literacy Initiative continues to pursue opportunities that build on this interest and to seek additional funding to evaluate this pioneering effort.



Mothers and children are enthralled by an Agenda for Children storyteller at Concilio Hispano.

Community Affairs Department

One of the Alliance's greatest strengths has always been responding to community need. The responsibility of the Community Affairs Department is to foster linkages between the community and the Alliance, and ensure that Alliance programs effectively respond to the needs of the community. A key strategy has been to work closely with and support community agency partners.

The Community Affairs Department was organized in 1998 to improve the health status of the community, working closely with the Cambridge Public Health Department on health promotion initiatives.

Community Affairs staff members reach out to residents and workers in Cambridge and are particularly attentive to those populations that do not traditionally enter the health care system. Outreach workers inform members of the community about health care services and actively enroll residents in health care. Health education is provided on a wide range of topics, along with help in navigating the health care system.

Through its innovative approach to community outreach and involvement, the Community Affairs Department brought in well over \$5 million in grant funding in FY02. The following section summarizes Community Affairs' diverse programs.

Multilingual Interpreting

More than 30% of Alliance patients report that their primary language is not English. Consequently, a significant percentage of the Community Affairs budget is devoted to the provision of multilingual interpreting services at The Cambridge Hospital and Alliance primary care sites. The Alliance's Multilingual

Interpreting Program is recognized regionally and nationally for the quality of its services. Through this vital service, professional medical interpreting is provided in dozens of languages around-the-clock. The program also translates Alliance patient information and education materials. Approximately 10,000 medical conversations are interpreted at Alliance sites each month. Approximately 60% of the interpreter-facilitated patient visits occur in Cambridge. The director of the Multilingual Interpreting Program leads an initiative to improve bilingual and bicultural capacity at the Alliance.



The Alliance's Multilingual Interpreting Program is recognized regionally and nationally for the quality of its services.

Women, Infants, and Children Program (WIC)

Cambridge Health Alliance's WIC program has two Cambridge-based sites that provide nutrition services to pregnant, breastfeeding, and postpartum women and children (newborn to age 5). Services are provided at the Windsor Street and North Cambridge health centers to more than 5,600 individuals.

Health Care for the Homeless

Health Care for the Homeless provides primary and episodic health care to homeless adults and families at two sites in Cambridge: the Salvation Army Shelter and the CASPAR-Albany Street Shelter. Psychiatric services, social services, nutrition education, and counseling are provided as well. The program also delivers health care services at other community-based organizations (e.g., Shelter Inc., Harvard Square Shelter, On the Rise) and on the streets with the CASPAR First Step outreach team.

Community Access Project

The Alliance is committed to developing a permanent infrastructure that will allow all community members to enter and navigate the Alliance health care system easily. The Community Access Project is the core of that structure. Goals include enrolling uninsured and underinsured people in health plans that will offer them the maximum benefits possible; connecting all enrollees to primary care providers; coordinating referrals to social services and governmental agencies; conducting extensive training in cultural competency for all staff; and assessing and responding to gaps in the behavioral health continuum of care.

Men of Color Health Initiative

The Men of Color Health Initiative provides education, outreach, and health care enrollment to men of color in Cambridge. While the program hosts events on the grand scale of Hoops 'n' Health, it also cultivates more intimate connections with the community through focus groups and one-on-one outreach. In 2002, a new center for this project opened, at 5 Callender Street in the Riverside neighborhood.

Immigrant Health Improvement Project

For the last seven years, Cambridge Health Alliance has been a demonstration program of the American Hospital Association's Community Care Network Program, which is funded by the Kellogg Foundation. The program focuses on evaluation and outcome measurement in community improvement work. Community Affairs leads this effort through its Immigrant Health Improvement Program.

Other Outreach Programs

Other outreach efforts led by Community Affairs include HIV/AIDS prevention and treatment, family planning, tobacco cessation, health promotion, and access services.



Maude Guerrier, of the Community Affairs Department, with volunteer health advisors.

8: Community Access Program

Cambridge Health Alliance is leading the city's public health initiative to improve access to health care services. The Alliance has a longstanding reputation for its responsible and innovative approaches to this issue. For instance, many Alliance programs are physically situated near the populations they serve. These programs include the neighborhood health centers, Health Care for the Homeless, School Health Nursing, the Teen Health Center, and the Children's Dental Program. Others programs provide services in patients' homes, including House Calls for frail elders, Healthy Homes for children with asthma, and Newborn Home Visiting.



Lorretta Saint-Louis, PhD, the Alliance's Director of Multilingual Interpreting (left) and Janis Peterson, Director of the Medical Interpreter Training Program at Cambridge College.

In addition, Cambridge Health Alliance is a nationally recognized leader in providing culturally competent care to a linguistically, culturally, and racially diverse patient population. Several programs have been in existence for more than 20 years, including interpreter services, the neighborhood health centers, and ethnically specialized mental health teams. In the past decade, many additional programs have been developed, such as the Medical Interpreter Training Program (in collaboration with Neighbors for a Better Community and Cambridge College), the South Asian Mental Health Team, the Men of Color Health Initiative, and the Haitian Outreach Program.

The Community Affairs Department has developed an innovative project that incorporates the work of its health access, outreach, health promotion, and community resource units. The program is funded largely through a \$787,000 Community Access Program (CAP) grant from the federal government. The overarching goal of the Alliance's Community Access Program is to promote access to health care, which means ensuring that all Alliance services are physically accessible, culturally and linguistically appropriate, and affordable.

The following section focuses on the 2002 achievements of the Community Access Program.

Activities in 2002

Health Care Coverage

Assisting uninsured residents enroll in insurance plans is the foundation for improving access to health services. Recognizing this, the Community Affairs Department has created a multicultural team of outreach workers¹ to assist Cambridge residents in applying for Medicaid, other state-funded health insurance programs, and “Free Care” from the Uncompensated Care Pool.

Since the program started in July 2001, the Community Affairs outreach workers have helped several hundred Cambridge residents apply for health insurance.

Health Care Enrollment

Connecting people to health care is the second component of improving access to health care. To accomplish this, Community Affairs outreach workers educated Cambridge residents about the importance of preventive care and how to choose a primary care provider. Community Access Program staff ensured their clients were connected to primary care providers and helped them schedule first appointments. More than 60% of clients assisted by outreach workers showed up for their first scheduled medical appointment. Clients who missed appointments were contacted by outreach workers, who either rescheduled them or determined if additional assistance was needed. This follow-up process led an additional 15% of clients to primary health care.

In 2002, program staff worked closely with Cambridge businesses that employed large numbers of immigrants. Health care enrollment often occurred in conjunction with wellness activities, such as blood pressure and diabetes screenings. Other venues were pharmacies, grocery stores, nail salons, and barbershops.

Community Partnerships

Effective outreach requires strong collaboration with community-based organizations. In 2002, Community Affairs outreach workers visited the Margaret Fuller House, the Massachusetts Alliance of Portuguese Speakers (MAPS) the Cambridge Economic Opportunity Committee’s (CEOC) food pantry, and other locations. Local churches were also critical partners in reaching community members.

Community Affairs staff worked in tandem with the Cambridge Public Health Department, the Cambridge Department of Human Service Programs, and the Cambridge Public Library. Opportunities to collaborate on health access included flu clinics, city cultural events, and events at libraries, the senior center, and other venues.

Public Awareness Campaign

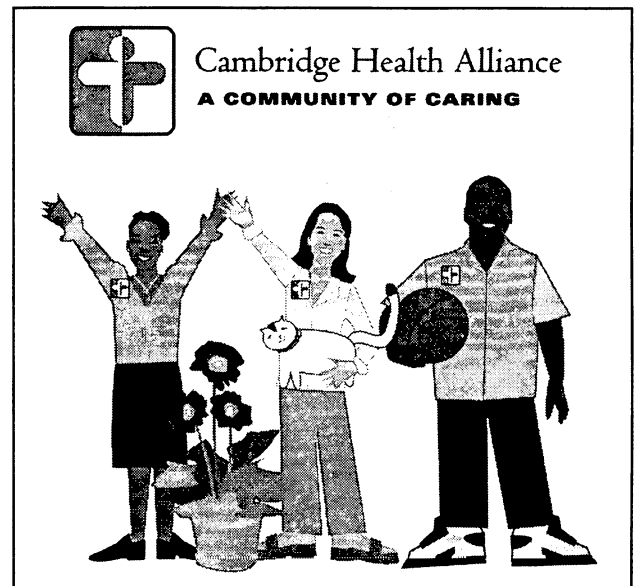
In 2002, registered dietitians from Cambridge Health Alliance worked with local chefs and restaurateurs to develop healthy menu choices. The project included a Cambridge Cable Television (CCTV) video production featuring chefs from the various restaurants. In addition, information on accessing health services was made available to restaurant patrons.

¹ *The community health workers are bilingual and bicultural. They are recruited from the local Brazilian, Central American, Haitian, African-American, and Asian communities. All have completed a certification program through the Community Health Education Center in Boston.*

Challenges and Opportunities

- The faltering economy, combined with devastating cuts to the state budget, posed significant new challenges to achieving the program's goal: 100% access to health care for all Cambridge residents.
- Outreach strategies used in immigrant communities will require adaptation to reach the newly uninsured and underinsured.
- Unemployed professionals will face high co-payments to maintain health benefits.
- Many people who were formerly eligible for Medicaid have either been terminated from the program or have had their benefits drastically reduced. Those affected will either have to forego health care coverage or apply for services through Free Care.

- While Cambridge Health Alliance is strongly committed to providing health services to everyone, the uncompensated care pool is being scrutinized and may be at risk. (This financial pool reimburses the Alliance at least partially for the free care it provides to those unable to pay.)



This image of Community Affairs staff members Carline Montreuil, Claudia Lobo, and Swayne Blackmon was developed for a national quilt of Community Access Program grantees in 2002.

9: Men of Color Initiative



The Men of Color Health Initiative (MOCHI) provides education, outreach, primary care referrals, and health care enrollment to men of color in the City of Cambridge. The program goal is to eliminate disparities in health care and improve the health of the community through addressing the unique health needs of men of color.

The Men of Color Task Force, which guides the initiative, met regularly in 2002 to develop a strategic plan for the program. The task force had defined cardiovascular health in men of color as its primary priority for 2002. Programming and fund-raising were geared toward this priority. However, a series of homicides that occurred between April and June 2002 deeply affected the city's African-American community and led to a change of priorities. MOCHI staff took part in community planning meetings to address the crisis and link community members to appropriate resources. (see Violence Prevention chapter). It became apparent that a flexible framework for setting annual priorities and work plans needed to be established to guide the work of the Men of Color Health Initiative.

The new MOCHI Center opened in July 2002 to serve as a neighborhood resource center and gathering place for the program's activities. It is located at 5 Callendar Street, adjacent to the Cambridge Community Center in the Riverside neighborhood. Office hours are held twice a week. Health education events and support groups are also available. A community health outreach worker regularly visits local barbershops, businesses,

and events to enroll men who need health insurance and to assist with primary care referrals.

Activities in 2002

Hoops 'n' Health

Hoops 'n' Health is the annual Men of Color Health Initiative event that is most widely attended by the city's African-American community. At the 2002 festivities, 22 health information vendors distributed materials, and two new sports activities were added to attract more participants. A record 1,500 people attended Hoops 'n' Health in 2002.

Youth Workshop Series

The one-month youth series was designed to enhance the workshop curriculum at the Area IV Youth Center. Cambridge Health Alliance staff led workshops on the following issues: primary care and prevention, health careers, nutrition, health risks associated with tobacco use, sexually transmitted diseases, and dating violence. Each session was attended by 10 to 15 teenagers.

Response to Domestic Violence

The program worked with the Cambridge Public Health Department's violence prevention coordinator, the Cambridge Police Department, the Cambridge Health Alliance Department of Psychiatry, and local church and community leaders to identify community responses to recent incidents of street and domestic violence.

Focus Groups

The program hosted focus groups at barbershops and at The Cambridge Hospital that addressed access to health care, domestic violence, and men's health.

Black History Month

In honor of Black History Month, the program displayed an exhibit, "Celebrate Black History, Celebrate Good Health," at the main branch of the Cambridge Public Library in February.

Football Tournaments

The program sponsored two "Weekend Warrior" Flag Football tournaments at Hoyt Field in April and December. As with Hoops 'n' Health, workshop attendance was a prerequisite for participation in the tournaments. About 40 men (ages 30 to 50) attended seminars about HIV disease and preventing sports injuries.



A "Weekend Warrior" Flag Football tournament was held in April at Hoyt Field.

Diabetes and Nutrition Awareness Workshop

In November 2002, MOCHI sponsored a health awareness event at the Cambridge Community Center. Alliance providers performed blood pressure, glucose, and cholesterol screenings and offered ophthalmology exams. In addition, participants received information on a range of health issues that affect people of color. More than 60 people attended. Door-to-door outreach

in the Riverside and Area IV neighborhoods contributed to the excellent turnout.

Take A Loved One to the Doctor Day

As part of a national effort to encourage people of color to visit a primary care physician, MOCHI launched a pilot campaign in September called, "Take Your Loved One to the Doctor." Multilingual phone lines at the Community Affairs Department facilitated appointment scheduling. This project was the first step in an ongoing campaign to encourage at-risk men and women in the African-American community to seek preventive health care.

Challenges & Opportunities

- With the opening of the MOCHI center on Callendar Street, the Men Of Color Health Initiative entered a new era. The leadership of the initiative will be challenged to broaden the coalition and to shape the work in terms of health improvement, with clearly delineated outcome measures.
- A formal strategic planning process is planned for 2003. As part of this effort, the program coordinator and the task force chair will solicit community input as the task force refines the vision and mission of the Men of Color Health Initiative.
- In the wake of the recent fatal shootings, the Men of Color Health Initiative added violence prevention to its priorities. It will continue to work with other Alliance programs on domestic violence and other violence prevention efforts. There is an opportunity to build on recent collaborations, but the challenge inherent in dealing with these issues is significant. However, with stronger working relationships among MOCHI, the Alliance Department of Psychiatry, and the Cambridge Public Health Department progress has already been made toward improving access to mental health services.

Institute for Community Health



The Institute for Community Health (the Institute) is a unique collaboration among three Massachusetts health care systems to improve the health of Cambridge, Somerville, and surrounding cities and towns. Founding members are Cambridge Health Alliance, CareGroup, and Partners HealthCare. The mission of the Institute is to stimulate innovation in the creation of programs and health policies that lead to measurable decreases in morbidity and mortality. To accomplish this, the Institute:

- Collaborates with community health partners to identify health concerns
- Conducts community-based participatory health research that links academic institutions to community partners
- Pursues research initiatives that link clinical care to public health
- Provides community education by offering community-based learning opportunities for health professionals, students, and community members
- Evaluates the efficacy of programs and policies to build sustainable models of community health
- Assists community groups in using health information to effect change
- Disseminates community-specific research results to community members, and local and national audiences to guide program and policy development

The Institute for Community Health's core functions are community-based research, assessment, dissemination, and educational activities. The Institute provides health data analysis for the Cambridge Public Health Department.

Health Data Analysis (formerly the Health Information Unit) was established in 1995 as a collaboration between Health of the City and the Cambridge Public Health Department. In 2001, this function became part of the Institute.

Data analysis activities include conducting health assessments to address information gaps, analyzing data for Institute research projects, and writing scientific papers. In addition, health and demographic data on Cambridge, Somerville, and surrounding cities are compiled from numerous sources. Technical assistance on epidemiological issues and statistical analyses are also provided to interested parties. Projects include the annual *Cambridge Public Health Assessment*, the *Somerville Well-Being Report*, and analysis of the Cambridge and Somerville Behavioral Risk Factor Survey.

Each of the three founding institutions (Cambridge Health Alliance, CareGroup, and Partners HealthCare) is represented on the Institute for Community Health Board of Directors. The Institute shares an office suite at 119 Windsor Street with the Cambridge Public Health Department and reports to its board of directors and the CEO of Cambridge Health Alliance.

10: Obesity Prevention and Physical Activity Promotion

The Institute for Community Health (the Institute) is leading the city's public health initiatives on childhood overweight prevention and physical activity promotion. In 2002, the Institute worked with the school department, the health department, the Cambridge Health Alliance departments of pediatrics and nutrition, and other agencies to coordinate prevention efforts. Strategies included school-based initiatives, awareness campaigns, and professional development focused on prevention, identification, and management of overweight.



The primary coordinating bodies for these efforts were the Physical Activity and Healthy Eating Action Group (a subcommittee of the Healthy Children Task Force) and the multi-agency Cambridge Walks coalition. The action group has adopted a health promotion strategy called *2-1-5*, which encourages both individual lifestyle and community-level change. The *2-1-5* strategy calls for two hours or less of television viewing, at least one hour of physical activity, and consumption of five to nine servings of fruits and vegetables each day. In addition, the action group has been developing responsible, respectful strategies for supporting children who are already overweight, and their families.

Activities in 2002

Surveillance & Monitoring

Major efforts to collect and report data on overweight, physical activity, and fitness were undertaken in 2002.

The Institute developed and implemented a behavioral risk factor telephone survey to assess the prevalence of obesity, nutrition, and physical activity among adults in Cambridge and Somerville. The questionnaire was based on a survey from the Centers for Disease Control, and used a random digit dial methodology. The survey identified 11% of the adult population as obese and another 26% as overweight.

Every year, the Cambridge Public Schools and the Institute for Community Health collect, enter, and analyze body mass index and fitness data on approximately 5,500 students in grades K-8. Data from 2001 indicates that 19% of children ages 5 to 14 are overweight and another 18% are at-risk of being overweight.

The Cambridge Public Schools, the Cambridge Public Health Department, and the Cambridge Department of Human Service Programs collect youth risk behavior data from middle school and high school students on alternate years. Sports participation and level of physical activity are among the information collected.



City leaders endorsed TV Turn Off week to encourage Cambridge children to be physically active and read more.

School-based Initiatives

In 2002, the Institute collaborated with the Cambridge Public Schools and the Cambridge Public Health Department to provide information and services to families of overweight children, and enhance physical education classes and health activities for public school students.

In partnership with the Cambridge Public Schools' physical education department, the Institute developed and disseminated individualized health report cards to 1,600 families at four pilot schools in spring 2001. In 2002, evaluation results were analyzed and presented at local, state, and national venues. School health nurses at one pilot school provided phone consultation to families of overweight children and helped link these families to resources.

The Institute collaborated with the Cambridge Public Schools on a successful grant application for enhanced health and physical education.

The Institute participated in a five-year strategic planning process for the Cambridge Public Schools' physical education department.

Citywide Awareness Campaigns

Awareness campaigns in 2002 focused on promoting physical activity and discouraging physical inactivity among children and adults.

The Institute and the Cambridge Public Schools organized TV Turn Off Week in April.

The Cambridge Public Health Department, in collaboration with Cambridge Walks and the Institute, organized several walking events: Golden Shoes (May), Walk with Your Child Day (Sept. 28), and Walk Your Child to School Day (Oct. 1). On the day of the October event, the number of students who walked to school increased by an estimated 5%, according to Institute data.

The Institute updated directories of physical activities available to children in Cambridge, and clinical services for overweight children and their families in the Greater Boston area. The physical activity directory was distributed to all elementary students in the Cambridge Public Schools.



A Cambridge original: Seniors sing about walking on Golden Shoes Day, May 21, 2002.

Professional Development and Affiliations

The Institute is a member of the Massachusetts Department of Public Health's Obesity Prevention Task Force and subcommittees.

The Institute and the Cambridge Public Schools' physical education department led a workshop on childhood obesity for school health nurses in Massachusetts.

Grant Funding

The National Institutes of Health awarded Children's Hospital and the Institute for Community Health a two-year, \$300,000 grant to conduct an intervention at Cambridge Rindge and Latin School aimed at reducing sugar-sweetened beverages in teenagers' diets.

The Institute was awarded a \$319,000 grant from a Massachusetts vitamin litigation settlement. This grant will fund a collaborative project with CitySprouts and the Cambridge School Food Service to promote fruit and vegetable consumption in Cambridge and Somerville elementary schools through school gardens and enhanced menu choices. The Institute hopes to establish an educational and school lunch environment that will ultimately increase knowledge and change attitudes about diet, and increase consumption of fruits and vegetables.

Challenges & Opportunities

■ At the broadest level, American culture and enterprise discourage physical activity and healthy eating. Examples include the food industry's marketing of ever larger portion sizes; urban planning that discourages walking and biking; and school policies and practices that eliminate physical education classes and recess.

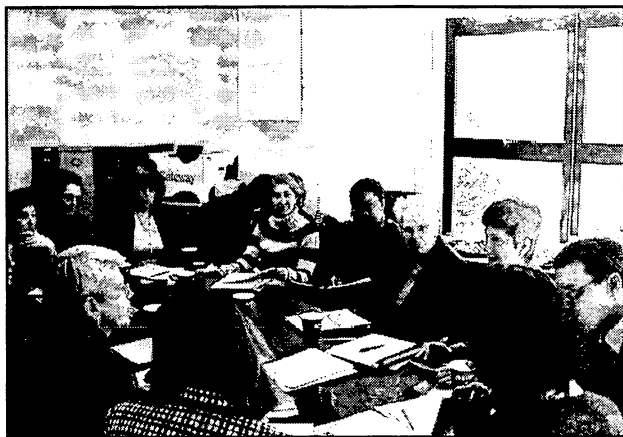
- The recent state budget cuts have hurt not only overweight prevention programs and interventions but also related programs and services that support healthy lifestyle choices. For example, extensive funding cuts in 2002 to comprehensive health education and social services programs will compromise student access to basic health information and services. Communities' efforts to reinstate these basic programs deflected resources from developing funding and opportunities for more targeted approaches.
- Developing the necessary resources to expand successful interventions and pilot programs citywide remains challenging.
- There is a shortage of overweight management services, particularly culturally appropriate ones, for children and adults who live in Greater Boston. The situation is further hampered by lack of reimbursement for direct and preventive services.
- On the positive side, the Institute, Cambridge Walks, the Cambridge Public Health Department, and the Cambridge Public Schools are strongly committed to working together to prevent childhood overweight and promote physical activity. During the past five years, this team has built a model program for collecting data, educating children and families, and conducting interventions. In 2002, the Commonwealth of Massachusetts identified the Institute's school-based overweight prevention program as a best practice for preventing obesity.
- New grant funding secured by the Institute has created opportunities to develop and implement promising interventions for healthier eating and for community-based research and evaluation.

11: Children's Mental Health

The Institute for Community Health (the Institute) and the Harvard Children's Initiative are leading the city's public health initiatives on child and adolescent mental health.

In 2001, the Institute for Community Health, in collaboration with the Harvard Children's Initiative, embarked on a community needs assessment to better understand the scope of child and adolescent mental health issues in Cambridge. A series of interviews, meetings, and focus groups were conducted citywide to identify current strengths and weaknesses in supporting Cambridge children and their families.

Contributors to the report included community agency providers, parents, teens, and academics. *A Report on Child Mental Health in Cambridge* was officially released in June 2002.¹



Members of the Child Mental Health steering committee meet at the Family Resource Center.

Activities in 2002

Child Mental Health Report

A Report on Child Mental Health in Cambridge underscored the fact that Cambridge families face an increasingly difficult time negotiating a fragmented, complex system of mental health care for their children. Report recommendations included:

- Increasing training for all mental health caregivers
- Providing mental health screenings of children at strategic transition points in their lives
- Connecting families to resources
- Improving public awareness of child mental health issues

Child Mental Health Steering Committee

In September, a steering committee was convened to implement the report recommendations. The Institute for Community Health and the Harvard Children's Initiative facilitate the committee, which is comprised of physicians, psychiatrists, academics, parents, and representatives from the school department, human services, public health, state agencies, and the faith community.

¹ Maciuka, L., Chomitz, V., Hacker, K., Schoeff, L. *A Report on Child Mental Health in Cambridge. Institute for Community Health and The Harvard Children's Initiative, Cambridge, MA. June 2002. For a copy of the report or for more information on the Child Mental Health Project, call the Institute for Community Health, 617-665-3849.*

The goal of the steering committee is to foster a true continuum of care for children and their families so that no child will fall through the cracks and every child will have the opportunity to flourish. The vision of the steering committee is:

- Every child in Cambridge will be known and connected to knowledgeable adults and available resources.
- Every adult connected to children will be aware of existing resources and will feel prepared to help all children reach their potential.
- Existing resources will be connected and enhanced.

Child Mental Health Workgroups

In October, six workgroups were established to address recommendations for training, intervention, prevention, public awareness, evaluation, and financing. These groups will work through spring 2003 to propose new initiatives, realign current efforts among agencies, and raise community awareness about child and adolescent mental health issues.

Grant Funding

The Cambridge Youth Guidance Center received a \$25,000, one-year planning grant from Blue Cross Blue Shield. This will fund a project to engage parents and providers in improving early childhood and cross-cultural services in the Cambridge-Somerville area. The Guidance Center will facilitate an early childhood subcommittee, which will include parents. The goal of the subcommittee will be to ensure that Early Intervention screenings are family-friendly and culturally competent, and that referral networks for traditional and non-traditional community services are developed and maintained.

Pediatric Screening for Mental Health Issues

The Institute for Community Health and the Alliance departments of Pediatrics and Psychiatry, along with the Department of Psychiatry at the Massachusetts General Hospital, developed a collaborative grant to implement child mental health screening in pediatric clinics and provide social work intervention for those in need.

Citywide Suicide Prevention Effort

The Institute, in collaboration with multiple stakeholders from Cambridge and Somerville, Harvard School of Public Health, Children's Hospital, the Harvard Children's Initiative, and the Cambridge Health Alliance Department of Psychiatry, submitted a proposal to the Centers for Disease Control for a community-wide suicide prevention project that includes surveillance, education, and case-finding.

Challenges & Opportunities

- Today's child mental health system is fragmented and underfunded. Investing in prevention and health promotion is difficult in view of acute funding needs.
- Mental health is highly stigmatized in the community and obstacles to care are numerous.
- Providing an organizing framework for diverse communities and stakeholders is challenging.
- Community-based organizations are experiencing budget cuts and difficulties maintaining core functions.
- On the positive side, numerous and diverse stakeholders are now coming together to improve child mental health in Cambridge.
- At the federal, state, and local levels, child mental health is being identified as an important issue. New sources of funding are available and public health is incorporating mental health into its purview.

Clinical Services of Cambridge Health Alliance

Cambridge Health Alliance is an innovative health system comprised of The Cambridge Hospital, Somerville Hospital, Whidden Memorial Hospital, the Cambridge Public Health Department, over twenty primary care sites in Cambridge, Somerville and Metro North, and Network Health — a statewide Medicaid managed care health plan.

More than an expanding health system, Cambridge Health Alliance continues to serve as a community health facility for the City of Cambridge. In accordance with its agreement with the city, the Alliance provides a comprehensive range of health services to the community. Clinical services include outpatient primary care, inpatient acute care, emergency medical services, and psychiatric care at locations throughout the city. This section reviews Alliance clinical services provided in Cambridge during FY02 (June 2001–July 2002). Included are the numbers of visits, discharges, and deliveries for FY02, as well as projections for FY03 (July 2002–June 2003).



Windsor Street Health Center.

Cambridge-based Facilities

The Cambridge Hospital

1493 Cambridge Street

Riverside Health Center

205 Western Avenue

The Cambridge Birth Center

10 Camelia Avenue

Windsor Street Health Center

119 Windsor Street

Cambridge Family Health North

2067 Mass Avenue

North Cambridge Health Center

266 Rindge Avenue

Cambridge Family Health

237 Hampshire Street

Senior Health Center

806 Massachusetts Avenue

East Cambridge Health Center

163 Gore Street

Teen Health Center

Cambridge Rindge & Latin School
459 Broadway

Medicine

The mission of the Department of Medicine is to provide the finest medical care to patients in Cambridge, Somerville, and Everett, as well as to address public health concerns and promote healthy behaviors in these communities.

The Department of Medicine provides primary care, specialty services, and multidisciplinary care programs, such as the Senior Health Center and Zinberg Clinic. In addition, a dedicated team of clinicians provides

medical care at homeless shelters in Cambridge. The Department of Medicine is also a premier training site for Harvard Medical School students and residents.

Medical Specialties

The Alliance provides dermatology, endocrinology, gastroenterology, hematology and oncology, infectious disease, and neurology services. (Other medical specialty services are available to patients at Somerville Hospital, including cardiology and pulmonology).

Health Care for the Homeless

This program provides primary care services at homeless shelters throughout the city, and reflects the Department of Medicine's long-standing commitment to community-based health care.

Emergency Services

The Alliance provides the highest quality medical and psychiatric emergency services to the Cambridge community. In 2001, the Emergency Department began to offer Express Care, an innovative service that has succeeded in providing quicker and more efficient treatment to patients with minor medical problems. The Psychiatric Emergency Department provides intervention, diagnosis, and treatment for patients in mental health crisis. It is fully integrated in the continuum of community-based and hospital-based mental health services.

Surgery

The Alliance provides a range of surgical specialties in addition to general surgery. Services include urology, ophthalmology, otolaryngology, podiatry, vascular, thoracic, and plastic surgery. The Department of Surgery is a training site for Harvard Medical School students and surgical residents from Beth Israel Deaconess.

The Cambridge Hospital's new surgical suite, which opened in 2001, is equipped with advanced technology that has greatly benefited patients, physicians, and residents.



Dr. David Bor, Chief of Medicine at The Cambridge Hospital.

Orthopaedics

The Department of Orthopaedics provides high-quality patient care and teaching programs related to the diagnosis, treatment, and prevention of musculo-skeletal diseases. Equipment upgrades have resulted in improved diagnostic capabilities that maximize patient convenience and comfort. Recent acquisitions include fluroscopy and bone densitometry devices.

Pediatric Services

A team of pediatric experts provides primary care at the Ambulatory Care Center located in The Cambridge Hospital and at seven primary care sites throughout the city.

In addition to primary care, the Alliance provides a comprehensive range of child and adolescent specialty services at The Cambridge Hospital. These services include adolescent gynecology; adolescent and young adult medicine; an allergy and asthma clinic; cardiology; child development; cognitive and behavioral assessment; dentistry and oral surgery; dermatology; ear, nose, and throat; endocrinology; gastroenterology; nephrology; neurology; newborn medicine; nutritional services; ophthalmology; orthopaedics; pediatric surgery; physical therapy and rehabilitation services; psychiatry; pulmonary medicine; school health services; social services; and speech therapy.



Members of the Alliance's Department of OB/GYN and Women's Health.

Department of OB/GYN and Women's Health

The Department of OB/GYN and Women's Health offers a complete spectrum of obstetrical and gynecology care to women of all ages. Services are provided by a multi-disciplinary staff of nurses, midwives, and physicians at locations throughout Cambridge, Somerville, and Everett. Staff at each site work together to provide patients with comprehensive care.

Geriatric Services

Providing and coordinating comprehensive services for the geriatric population is a strategic priority of the Alliance. The Geriatrics Task Force, led by members of Cambridge Health Alliance Board of Trustees, continues to oversee development of a Geriatric Center of Excellence to improve coordination of care and increase access to services.



Elaine DeRosa, former CEO John O'Brien, Elaine Farnum, Barbara Ackermann and Estelle Paris at the dedication of the Oliver E. Farnum Senior Health Center.

Specific programs include home-based and outpatient geriatric primary and mental health care and specialized services for frail elders. In early 2002, the Alliance launched a free resource and referral information service, called Senior Health Connections, to provide information about available services. The goal of Senior Health Connections is to improve access to services and to coordinate delivery of senior health services in Cambridge. A social worker and registered nurse, with specialty in geriatrics, staff the program.

Neighborhood Health Centers

Cambridge Health Alliance is committed to providing care in the community setting. The Alliance operates six community-based primary care health centers: the Riverside, North Cambridge, East Cambridge and Windsor Street health centers, Cambridge Family Health, and Cambridge Family Health North.

The Teen Health Center, located at Cambridge Rindge and Latin School, provides primary care for adolescents. The Senior Health Center offers primary care to elders. The East Cambridge, Windsor Street, North Cambridge, and Riverside health centers provide adult and pediatric

primary care, family planning, nutrition, OB/GYN, and social services. Cambridge Family Health and Cambridge Family Health North provide adult and pediatric primary care, family planning, geriatric primary care, laboratory services, and nutrition therapy. Other services available at one or more sites include HIV counseling, mental health and addictions, midwifery, diabetic counseling, men of color clinical services, podiatry, and dentistry.

Mental Health and Addictions Services

The Department of Psychiatry offers comprehensive adult and pediatric psychiatry services, as well as addiction services.

The Alliance provides culturally accessible mental health services to the Cambridge community. It has four culturally specific, linguistic mental health programs for Haitian, Latino, Portuguese-speaking, and South Asian patients.

Alliance programs that address the mental health needs of specific populations include the Geriatric Psychiatry Consultation Service and the Victims of Violence program. The newest addition to the Victims of Violence program is the Center for Homicide Bereavement.

The Department of Psychiatry is a Harvard Medical School teaching facility. It offers residency training programs in adult psychiatry, child and adolescent psychiatry, clinical psychology, psychotherapy, and couples and family therapy. Training programs are also offered in clinical nursing and social work.

Nutrition Services

All ambulatory sites provide complete nutrition services, which include adult and pediatric nutrition, prenatal nutrition, specialty services for the elderly, and a specialized program at the Zinberg Clinic for people living with HIV/AIDS.

Dental Services

The Windsor Street Dental Clinic (est. 1999) has greatly increased Cambridge Health Alliance's capacity for dental services.

Patient Volume

The following table shows patients volumes for Alliance services provided in Cambridge in FY02 and projected patient volumes projected for Cambridge in FY03.

	FY02 Actual	FY03 Projections
Med/Surg Discharges	2,603	2,665
Pediatric Discharges	1,122	1,189
Psychiatry Discharges*	1,097	1,103
Addictions Discharges*	2,283	2,313
Inpatient Deliveries	895	938
Birth Center Deliveries	95	99
Emergency - General	27,815	28,649
Emergency - Psychiatry	5,023	5,223
Total Ambulatory Visits	367,711	395,657
Psychiatry Outpatient*	119,398	122,024
Dental	15,363	15,793

* Joint program with Somerville Hospital/Central Street Health Center

Additionally, the Alliance's Medicaid managed care health plan has continued to grow. Network Health reported a total of 41,642 members at the close of FY02 and projects 57,500 members by the close of FY03.



Cambridge
PUBLIC HEALTH
ASSESSMENT *2003*

III. Behavioral Risk Factor Survey: Focus on Adult Health

III. Behavioral Risk Factor Survey: Focus on Adult Health

The Institute for Community Health developed and implemented a behavioral risk factor telephone survey to better understand the health issues facing residents of Cambridge and Somerville. The questionnaire was based on a survey from the Centers for Disease Control and Prevention (CDC), and used a random digit dial methodology.

The CDC's Behavioral Risk Factor Surveillance System (BRFSS) was developed in 1984 for use by the states. The following description from the CDC provides the history and development of the survey system:

By the early 1980s, scientific research clearly showed that personal health behaviors played a major role in premature morbidity and mortality. Although national estimates of health risk behaviors among U.S. adult populations had been periodically obtained through surveys conducted by the National Center for Health Statistics (NCHS), these data were not available on a state-specific basis.

As a result, surveys were developed and conducted to monitor state-level prevalence of the major behavioral risks among adults associated with premature morbidity and mortality. The basic philosophy was to collect data on actual behaviors, rather than on attitudes or knowledge, that would be especially useful for planning, initiating, supporting, and evaluating health promotion and disease prevention programs.¹

¹ Adapted from the description on the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey website, 2002.

Characteristics of Cambridge BRFSS Respondents Compared to General Population of Cambridge

	Cambridge BRFSS (%)	Cambridge Census (%)
Sex		
Female	51	51
Male	49	49
Age		
18 to 24 years	13	22
25 to 34 years	36	30
35 to 44 years	18	16
45 to 54 years	13	13
55 to 64 years	8	8
65 years and older	12	11
Race/Ethnicity		
White	67	68
Black	8	12
Hispanic	9	7
Asian	12	12
Other	3	1
Income		
\$9,999 or less	8	11
\$10,000 to \$14,999	8	5.5
\$15,000 to \$24,999	6	10
\$25,000 to \$34,999	10	10
\$35,000 to \$49,999	16	15
\$50,000 to \$74,999	18	17
\$75,000 or mor	34	31
Education²		
Less than 9th grade	3	5
Some high school	3	5
High school graduate	12	12
Some college	12	12
College graduate	69	65
Immigration status		
Born in U.S.	73	74
Born outside U.S.	27	26
Number of years immigrants have lived in U.S.		
Less than 5 years	27	*
5 to 9 years	20	*
1 to 19 years	25	*
20 years or more	27	*
Marital status³		
Never married	41	52
Married	37	35
Separated	2	2
Widowed	5	4
Divorced	6	7
Employment status⁴		
Employed	58	*
Self-employed	9	*
Out of work for more than a year	1	*
Out of work for less than a year	5	*
Homemaker	2	*
Student	13	*
Retired	8	*
Unable to work	4	*

*Data not available.

Source: Cambridge-Somerville 2002 Behavioral Risk Factor Survey, Institute for Community Health; U.S. Census Bureau 2000.

In recent years, cities have become interested in gathering health data on their residents. Increasingly, communities like Cambridge and Somerville are using the Behavioral Risk Factor Survey as a tool to gather city-specific information.

The Cambridge-Somerville Behavioral Risk Factor Survey consisted of a citywide random sample of all telephone-equipped residential units. The sample was proportional to the adult population of the two communities.

The phone numbers were pre-screened for non-working and business numbers, and random digit dialing was used to call the remaining phone numbers.

The survey was conducted from February through July 2002. An average interview took 24 minutes to complete.

Of the 1,978 interviews that were completed, 897 (45.3%) were Cambridge residents and 1,081 (54.7%) were Somerville residents.

To attain the sample of 1,978 people, interviews were attempted with 20,396 Cambridge and Somerville residents. (See table).

After the survey was completed, the data were weighted based on gender, age, and race to more closely approximate the Cambridge and Somerville census data.⁵

The Cambridge and Somerville communities chose survey questions that were particularly relevant to their cities. Survey participants were asked about their health status, health care access, barriers to access, oral health, exercise and physical activity, fruit and vegetable consumption, hypertension and cholesterol awareness, cardiovascular disease, diabetes, asthma, weight control, cancer screening, osteoporosis, tobacco use, alcohol and drug use, HIV/AIDS, and quality of life.

In addition, respondents were asked demographic questions and about life in their communities (e.g., cost of living, feelings about neighbors).

The results of the survey provide a comprehensive look at the health-related behaviors of Cambridge and Somerville residents. The following charts present an overview of these findings and a more in-depth analysis of some critical health issues facing the City of Cambridge.

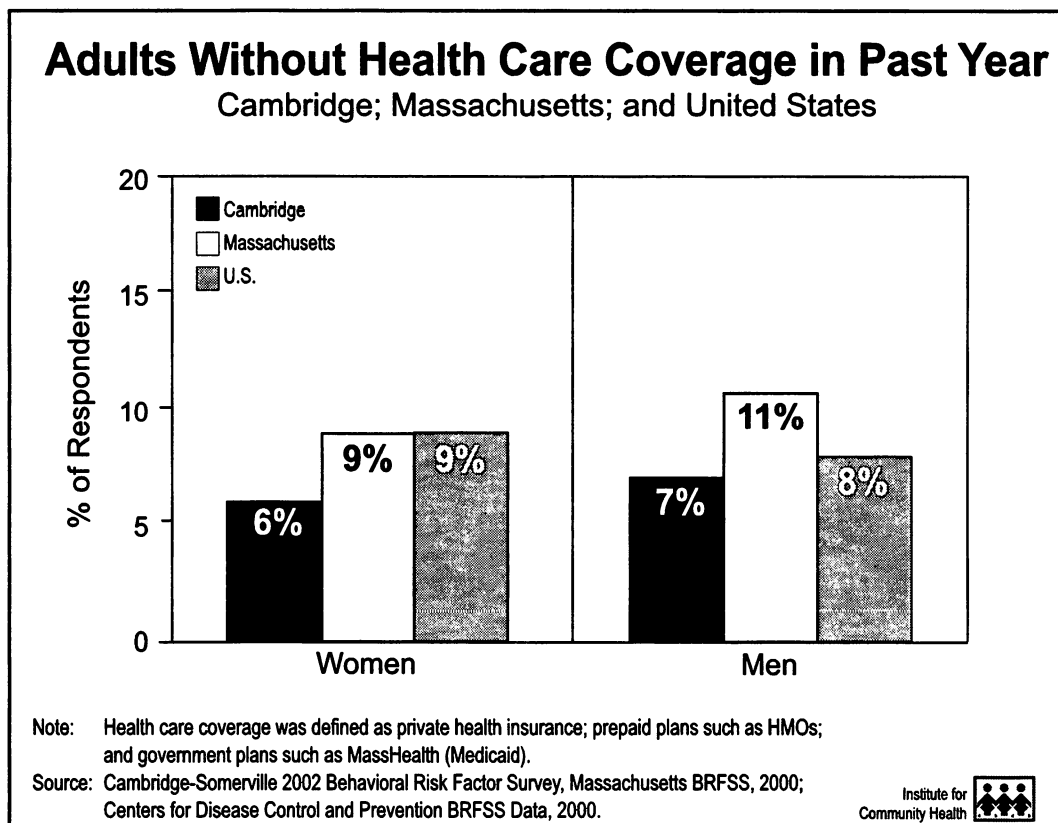
Reasons for non-participation in BRFS	Number of individuals
Refused interview	705
Non-working number	8,979
No answer	1,304
Not a private residence	2,387
No eligible respondent	1,553
Selected respondent not available during time period	293
Language barrier	309
Mid-terminate	213
Line busy	180
Physical/mental impairment	76
Technological barrier	571
Hang-up before selection	1,848
Total	18,418

Source: Adapted from the ORC Macro Technical Report, 2002.

- ² All Cambridge BRFS respondents 18 years or older were asked about education level. Cambridge Census respondents 25 years or older were asked about education level.
- ³ All Cambridge BRFS respondents 18 years or older were asked about marital status. Cambridge Census respondents 15 years or older were asked about marital status.
- ⁴ All Cambridge BRFS respondents 18 years or older were asked about employment status. Cambridge Census respondents 15 years or older were asked about employment status.
- ⁵ Weighting is a statistical procedure that allows the responses from one person to essentially stand in for a larger number of people.

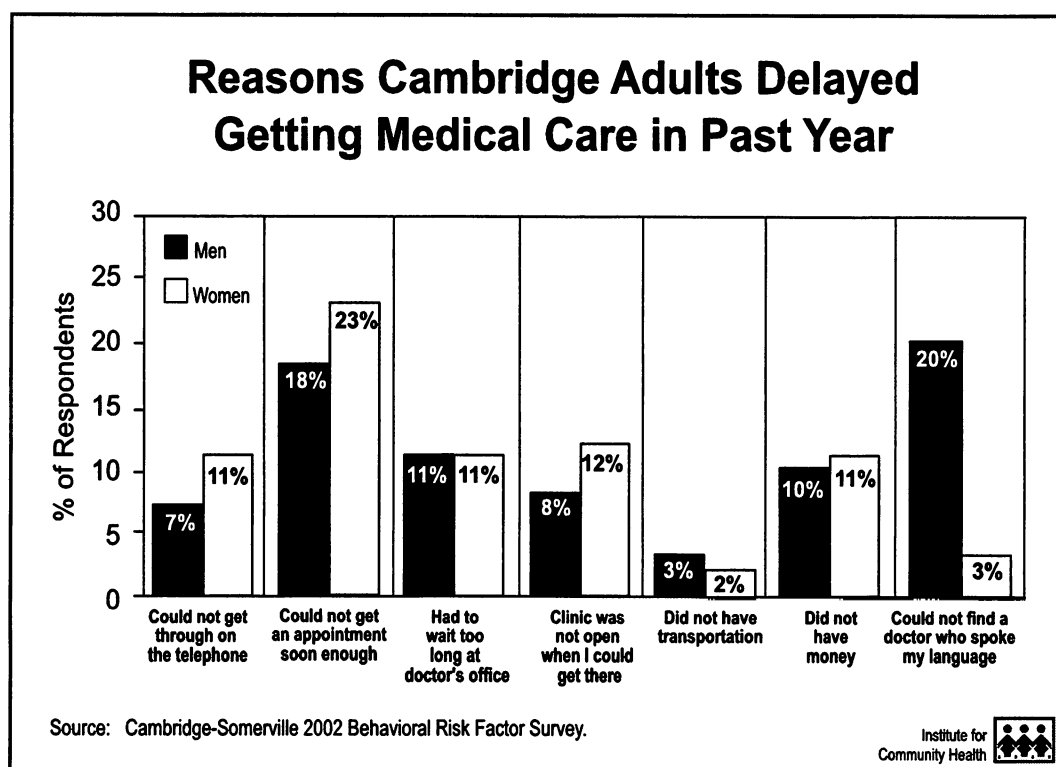
Access to Health Care

Figure 1.



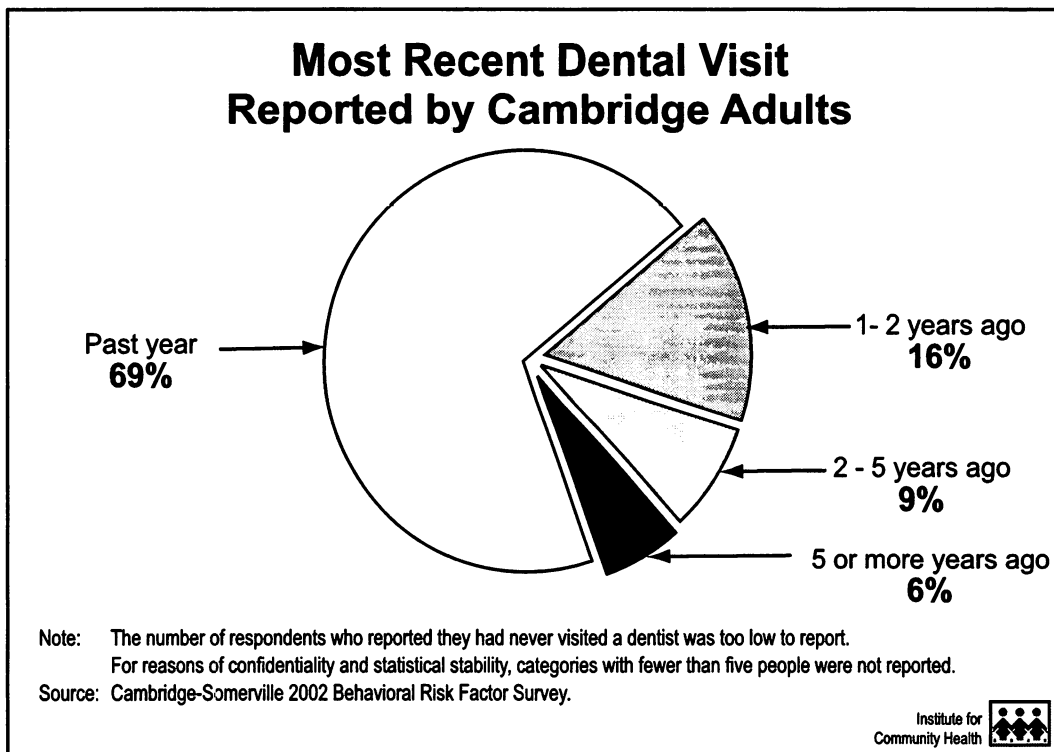
- In Cambridge, 6% of women and 7% of men lacked health care coverage at some point in the past 12 months.
- Cambridge residents were more likely to have had health care coverage in the past 12 months than people in Massachusetts and in the United States.

Figure 2.



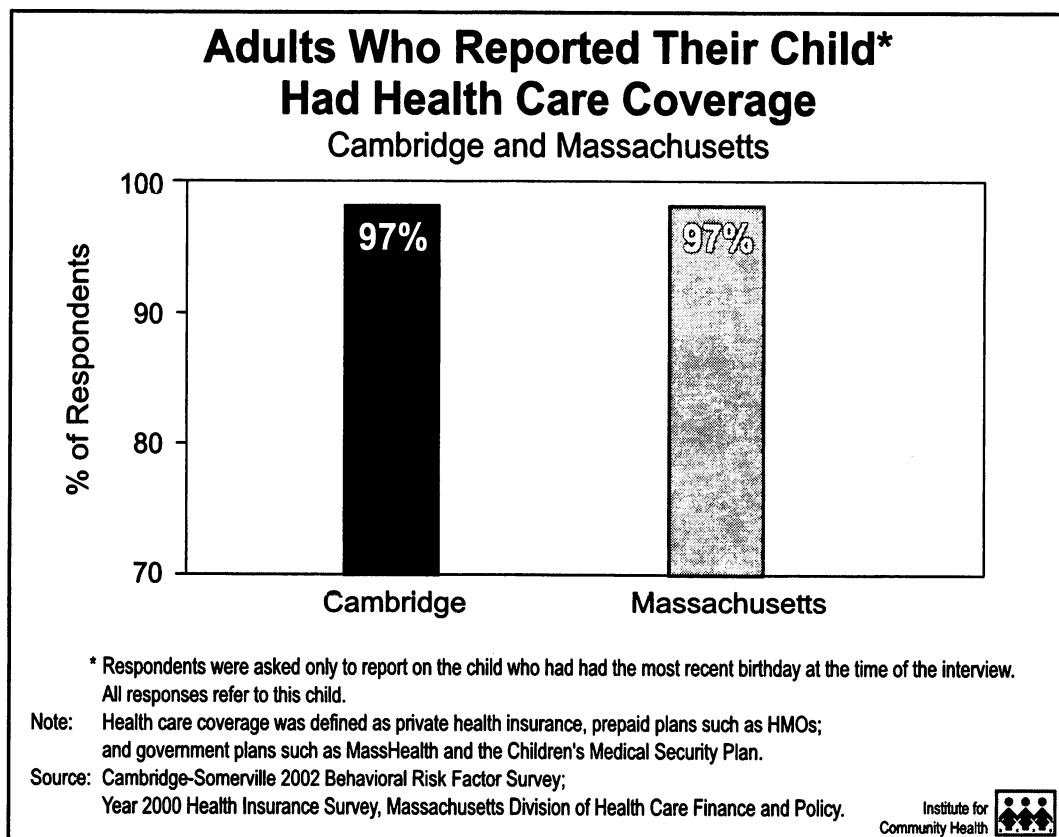
- Frequently cited reasons why Cambridge adults delayed getting medical care in the past 12 months were: they could not get an appointment (20%), they had to wait too long at the doctor's office (11%), they did not have the money to pay for the visit (11%), the clinic or doctor's office was not open when they could get there (10%), they could not get through on the telephone (9%), the doctor did not speak their language (3%), and they did not have transportation (2%).
- Cambridge women were more likely than Cambridge men to have delayed seeking health care in the past 12 months.

Figure 3.



- In Cambridge, 69% of residents had visited a dentist or dental clinic in the past year. The proportion of Cambridge residents who sought dental care in the past 12 months was similar to that of the nation (68%) but was lower than that of Massachusetts (76%).

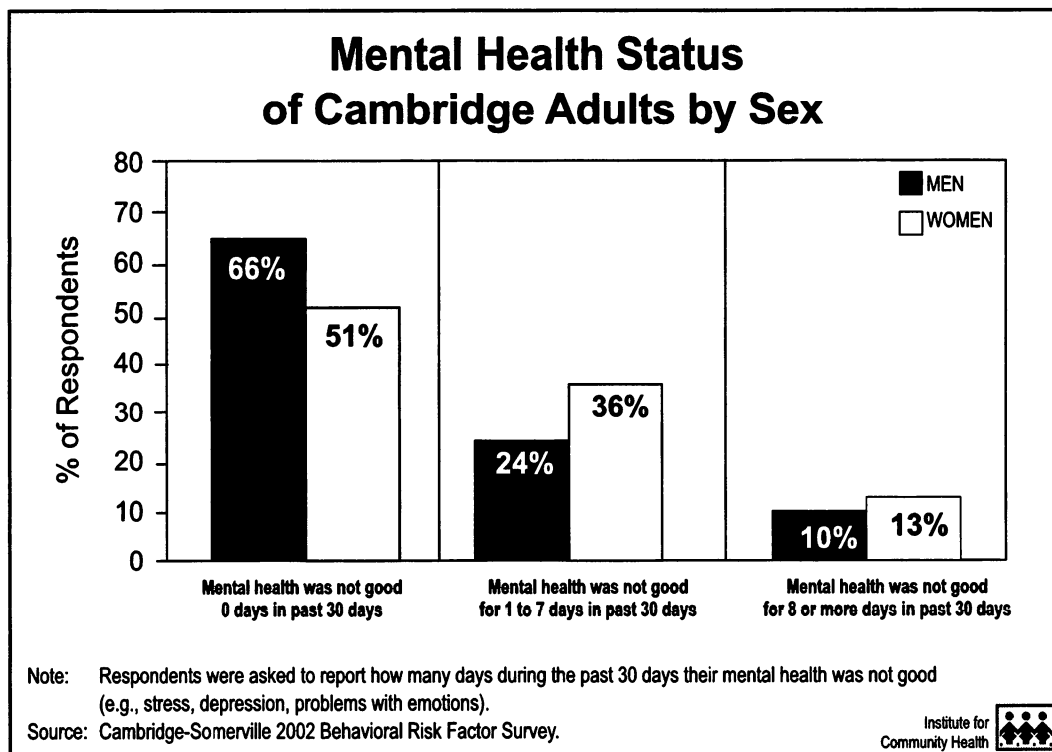
Figure 4.



- In Cambridge, 97% of residents reported their child had some type of health care coverage. The proportion of Cambridge children who had health care coverage mirrored that of Massachusetts children, which was also 97%.

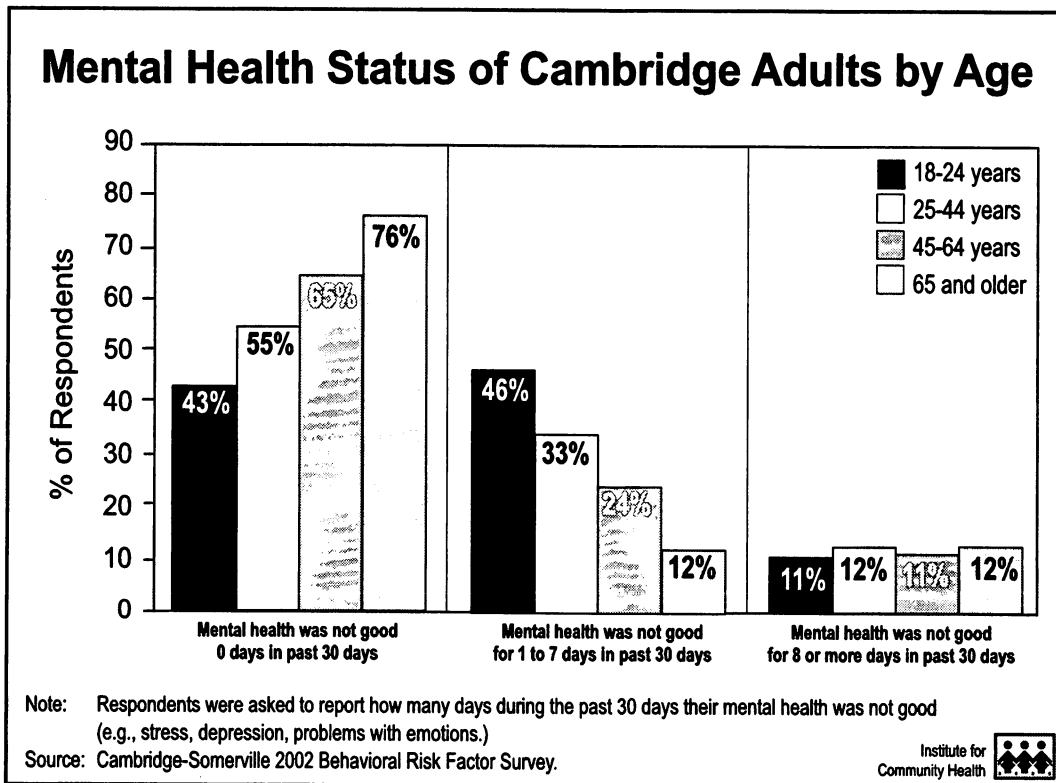
Mental Health

Figure 1.



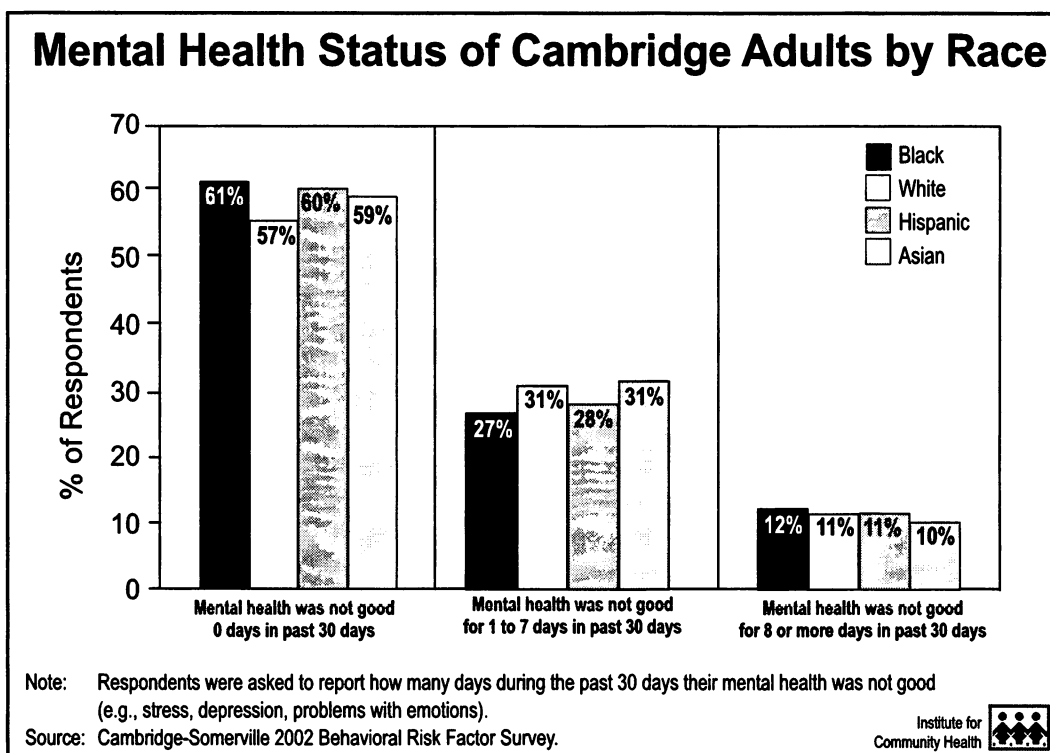
- In Cambridge, 66% of men and 51% of women did not report any days during the past month (30 days) in which their mental health was not good.
- The finding that men were more likely than women to report not experiencing any days during the past month in which their mental health was not good was reflected in both state and national data: 69% of Massachusetts men reported no days during the past month in which their mental health was not good compared to 60% of Massachusetts women. Similarly, 72% of American men reported no days during the past month in which their mental health was not good compared to 62% of American women. (Data not shown.)
- Cambridge women (13%) were more likely than Cambridge men (10%) to report their mental health was not good for eight or more days during the past month.
- The finding that women were more likely than men to report more days a month of poor mental health was also reflected in state and national data: 15% of Massachusetts women reported their mental health was not good for eight or more days during the past month compared to 11% of Massachusetts men. Similarly, 14% of American women reported their mental health was not good for eight or more days during the past month compared to 9% of American men. (Data not shown.)

Figure 2.



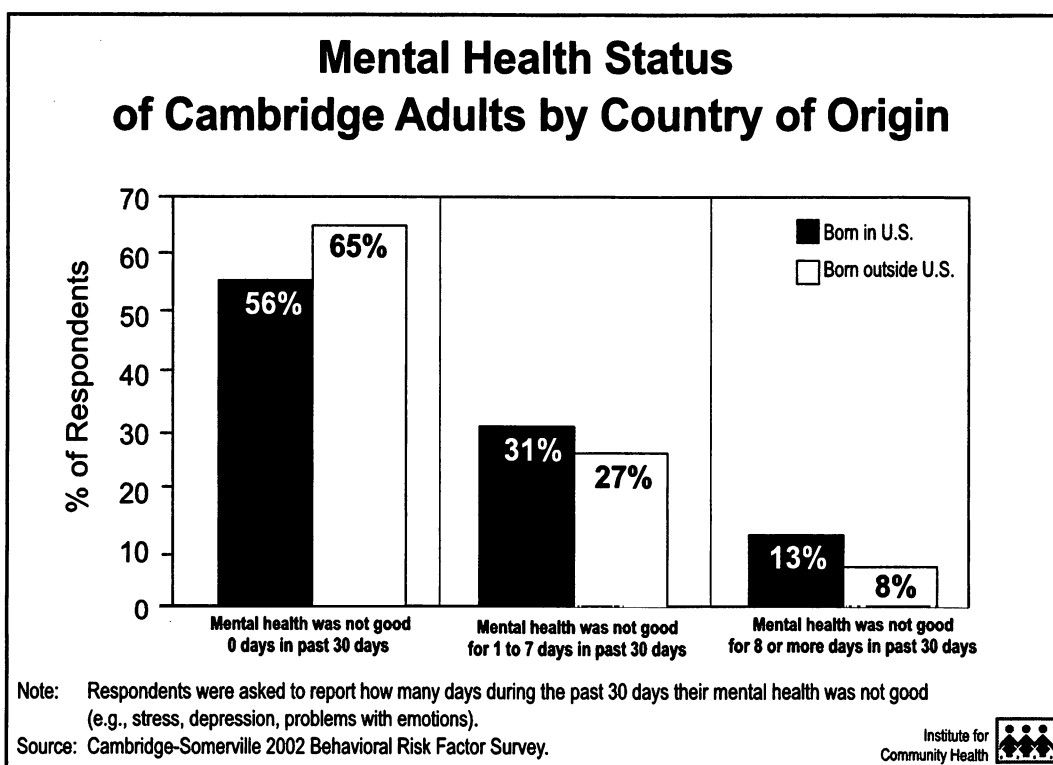
- In Cambridge, seniors age 65 and older were more likely than adults in other age categories to report not experiencing any days during the past month (30 days) in which their mental health was not good. In general, the proportion of Cambridge adults who reported not experiencing any days during the past month in which their mental health was not good increased as age increased.
- Cambridge young adults ages 18 to 24 were more likely than older Cambridge adults to report their mental health was not good for one to seven days during the previous month.
- The proportion of Cambridge young adults (46%) who reported their mental health was not good for one to seven days during the past month was higher than that of young adults in Massachusetts (31%) and the United States (31%). (Data not shown.)
- However, the proportion of Cambridge young adults (11%) who reported their mental health was not good for eight or more days during the past month was lower than that of young adults in Massachusetts (19%) and the United States (15%). (Data not shown.)

Figure 3.



- The proportion of white adults in Cambridge (57%) who did not report any days in the past month (30 days) in which their mental health was not good was significantly lower than that of white adults in Massachusetts (65%) and the United States (67%). (Data not shown.)
- The proportion of black adults in Cambridge (61%) who did not report any days in the past month (30 days) in which their mental health was not good was lower than that of black adults in Massachusetts (65%) and the United States (65%). (Data not shown.)
- The proportion of Hispanic adults in Cambridge (60%) who did not report any days in the past month (30 days) in which their mental health was not good was higher than that of Hispanic adults in Massachusetts (58%) but lower than that of Hispanic adults in the United States (65%). (Data not shown.)
- No state or national Behavioral Risk Factor Surveillance System (BRFSS) data was available on the mental health status of Asian adults.

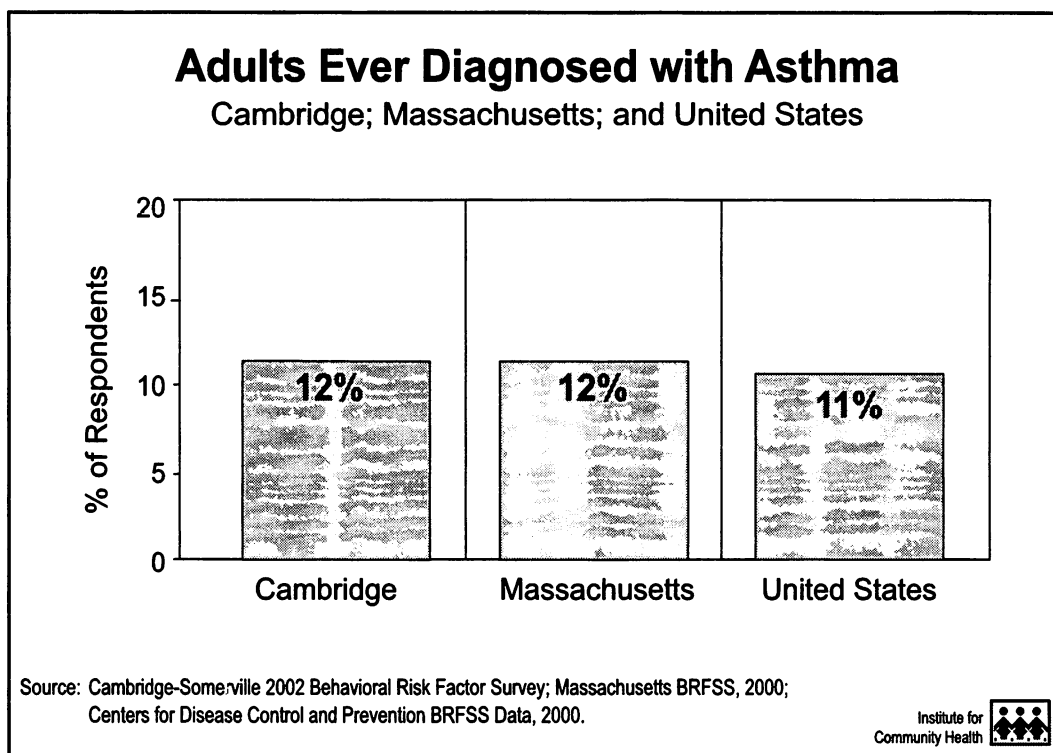
Figure 4.



- In Cambridge, 65% of the immigrant population did not report any days in which their mental health was not good during the past month (30 days) compared to 56% of the U.S.-born population.

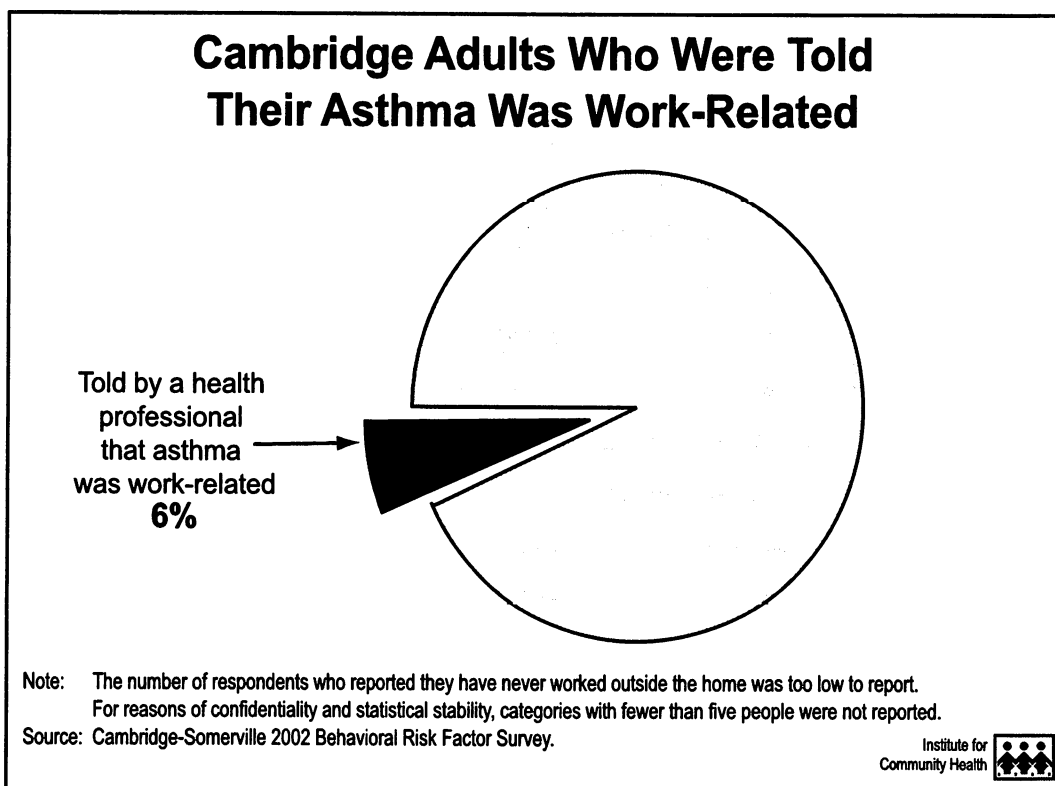
Asthma & Indoor Air Quality

Figure 1.



- Nearly 12% of Cambridge adults reported that a doctor, nurse, or other health professional had diagnosed them with asthma. The proportion of Cambridge adults who had been diagnosed with asthma was similar to that of adults in Massachusetts (12%) and the nation (11%).
- Among the Cambridge adults who had been diagnosed with asthma in their lifetime, 60% reported they still had asthma. This proportion was lower than that of the adults in Massachusetts (73%) and the nation (72%).

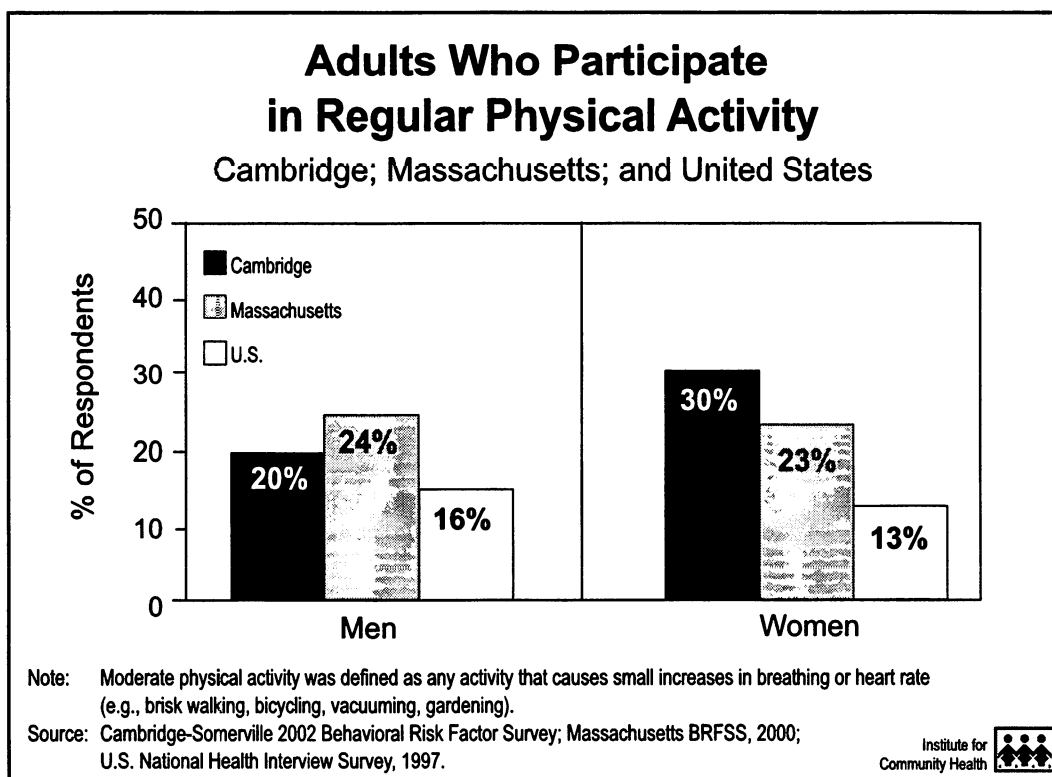
Figure 2.



- Among Cambridge adults who had been diagnosed with asthma, 6% reported their doctor or another medical care provider had told them their asthma was work-related.

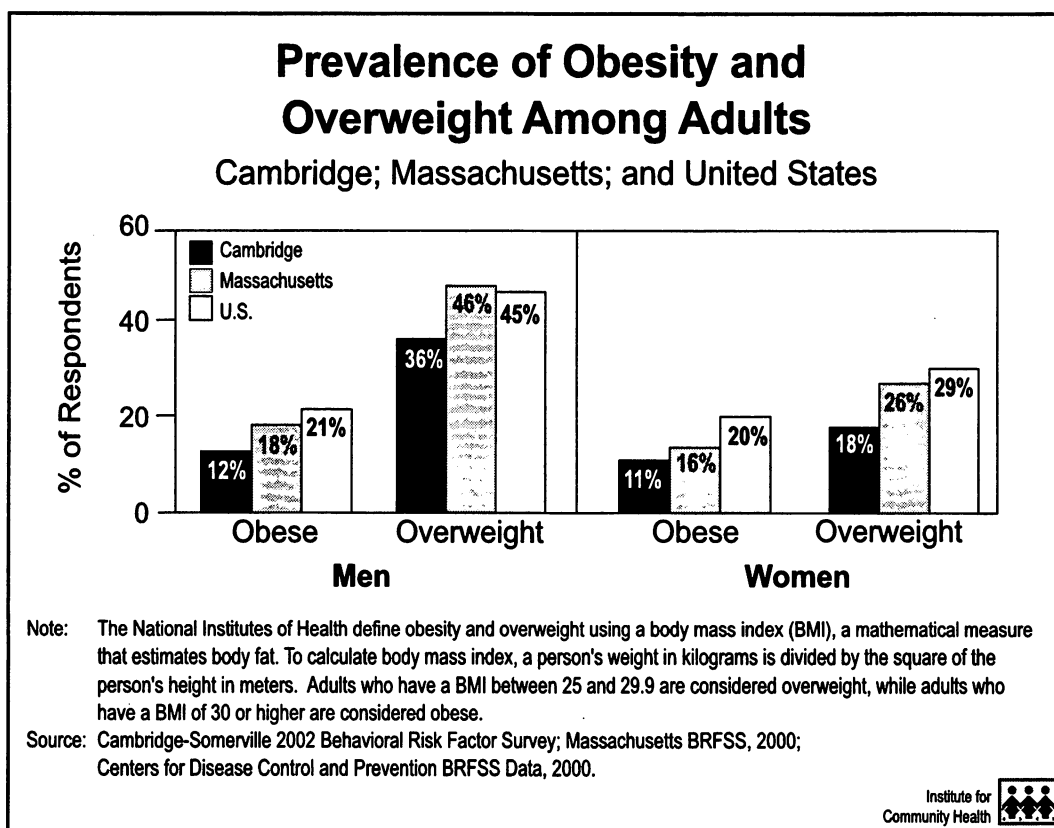
Obesity Prevention and Physical Activity

Figure 1.



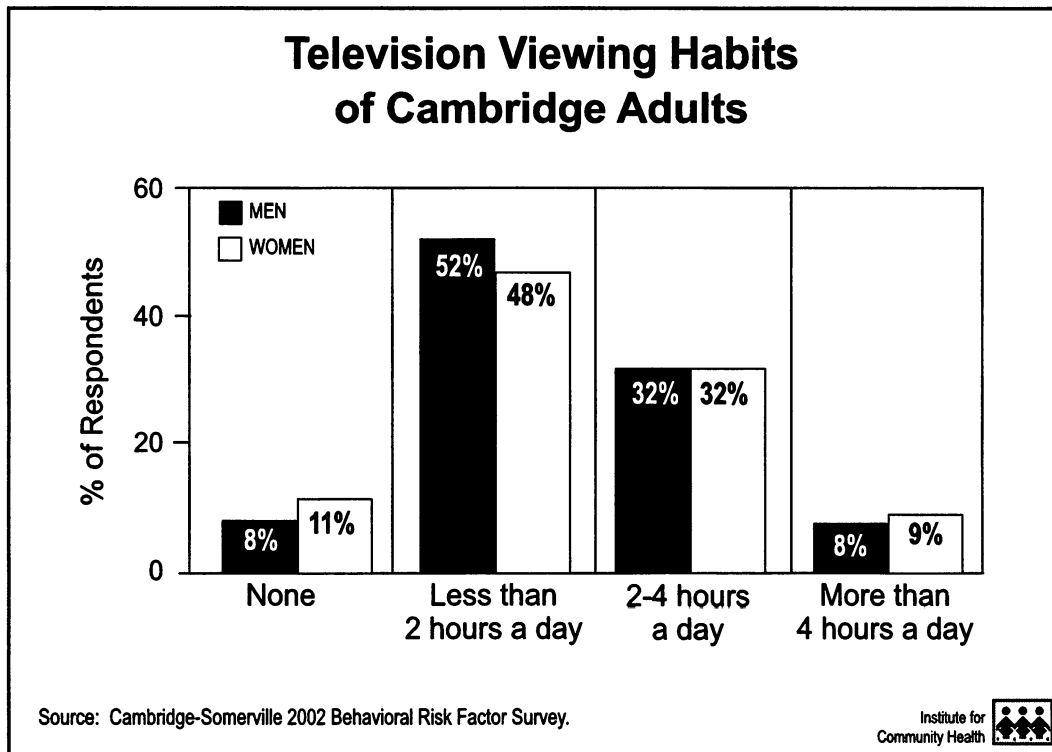
- In Cambridge, 20% of men reported they regularly engage in moderate physical activity for at least 30 minutes, five or more days a week. This surpassed the national rate of 16%, but was lower than the Massachusetts rate of 24%.
- In Cambridge, 30% of women reported they regularly engage in moderate physical activity for at least 30 minutes, five or more days a week. This surpassed both the national rate of 13% and the Massachusetts rate of 23%.
- In Cambridge, 40% of men and 46% of women reported they walk for at least 30 minutes, five or more days a week. (Data not shown.)

Figure 2.



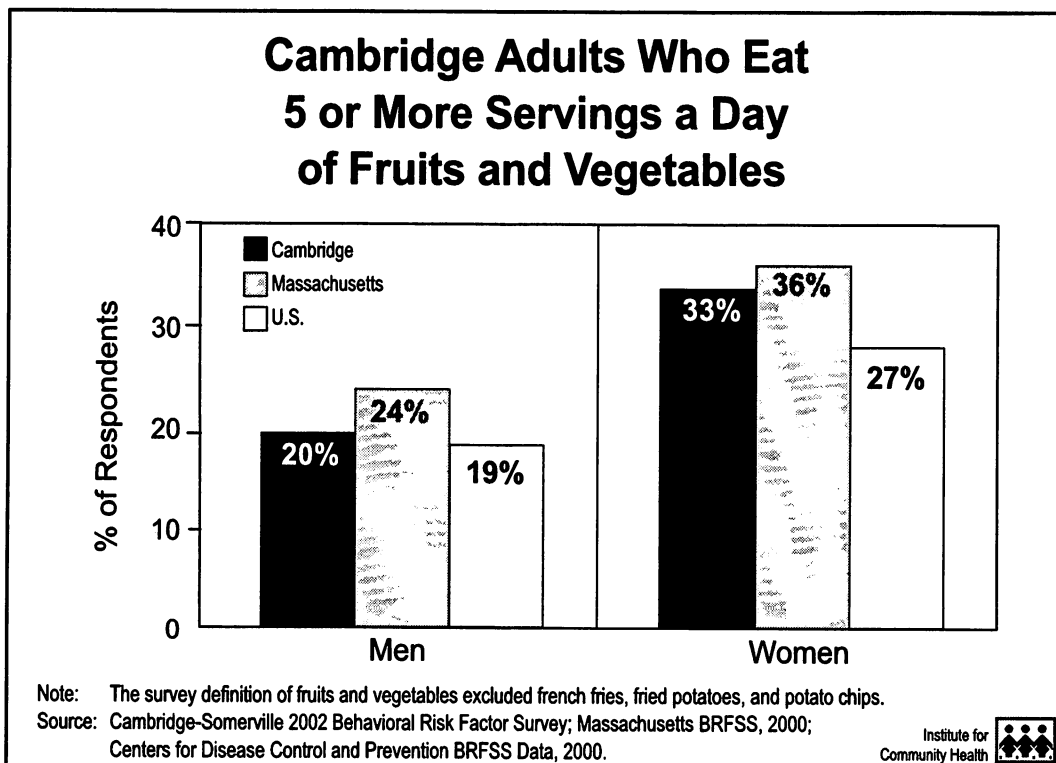
- In Cambridge, 12% of men are obese and another 36% are overweight. The proportion of men in Cambridge who are obese and overweight (48%) is lower than that of men in Massachusetts (64%) and the nation (66%).
- In Cambridge, 11% of women are obese, and another 18% are overweight. The proportion of women in Cambridge who are obese and overweight (29%) is lower than that of women in Massachusetts (42%) and the nation (49%).

Figure 3.



- Cambridge men and women have similar television viewing habits.
- In Cambridge, 59% of residents reported they watch less than two hours a day of television (50%) or no television at all (9%). (Data not shown.)
- In Cambridge, 9% of adults watch more than four hours a day of television. (Data not shown.)

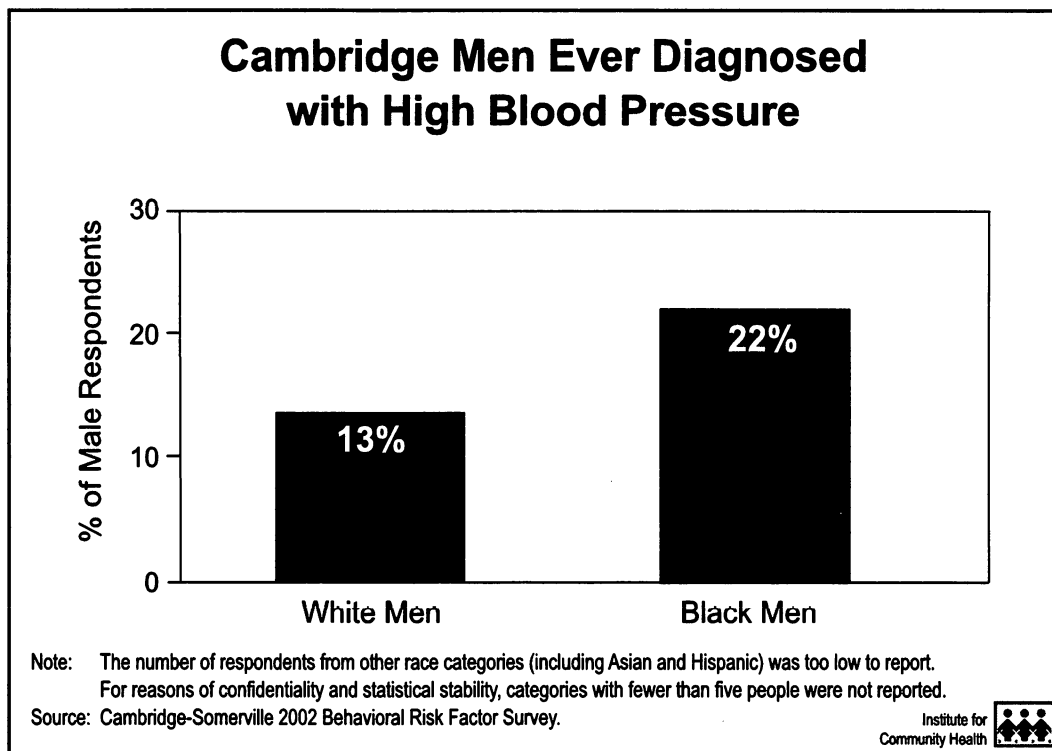
Figure 4.



- 33% of Cambridge women eat five or more servings a day of fruits and vegetables compared to 20% of Cambridge men. The finding that women eat more fruits and vegetables on a daily basis than men is consistent with state and national data.

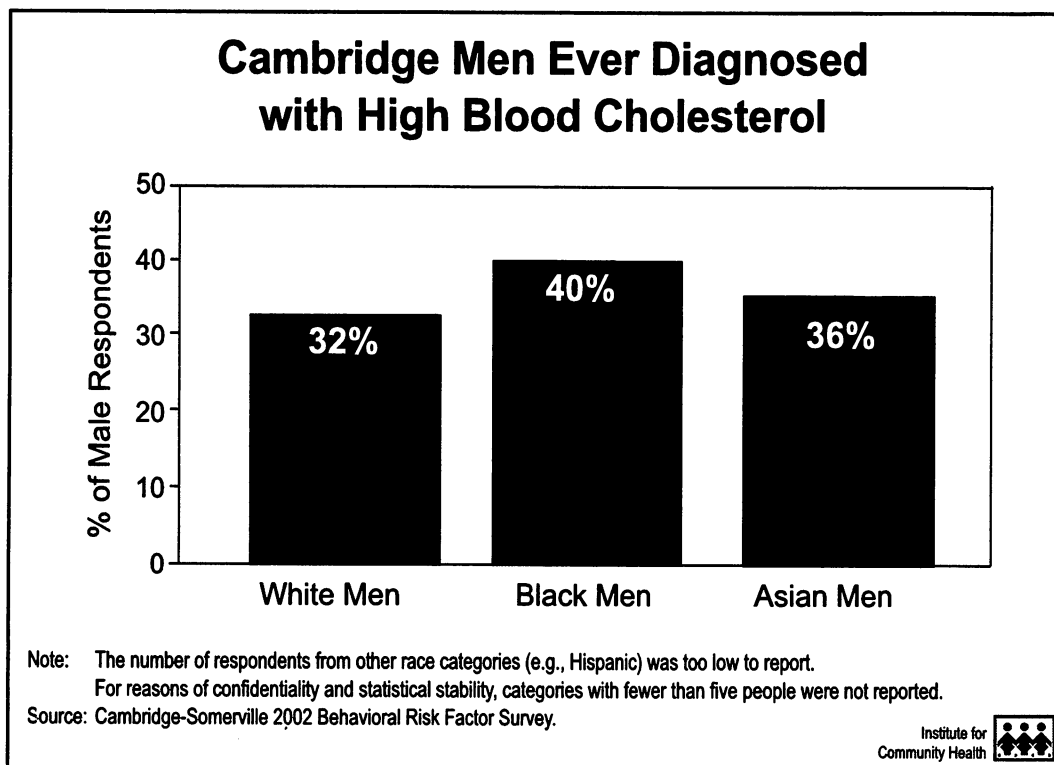
Health of Men of Color

Figure 1.



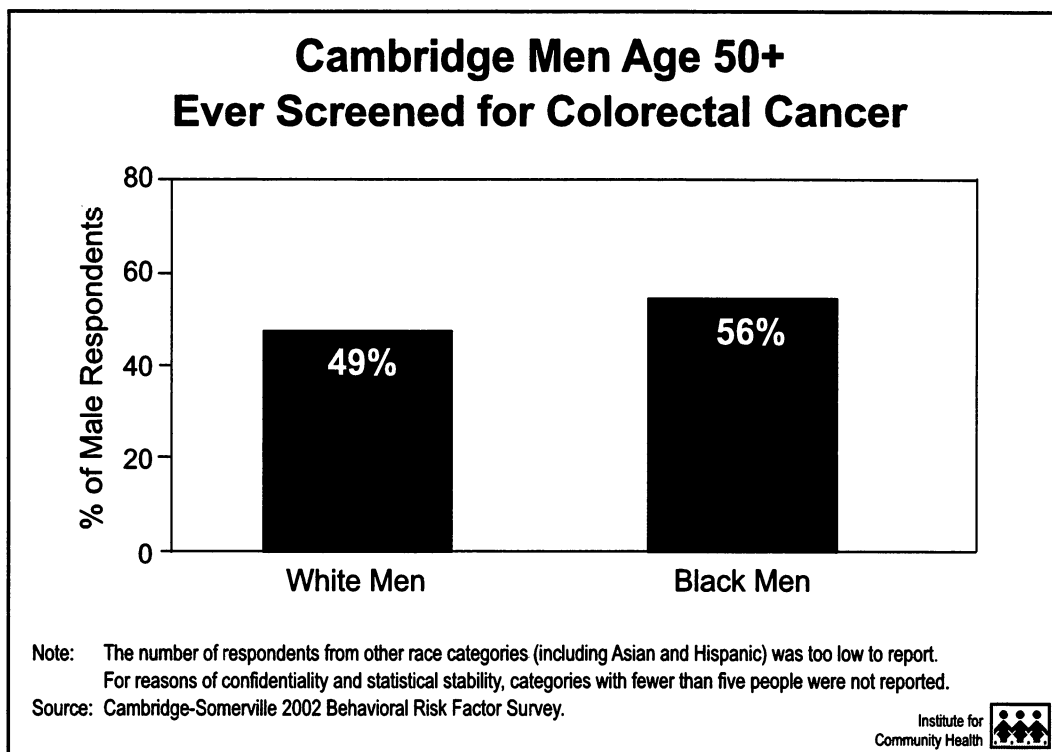
- In Cambridge, 22% of black men reported they had been diagnosed with high blood pressure in their lifetime compared to 13% of white men.

Figure 2.



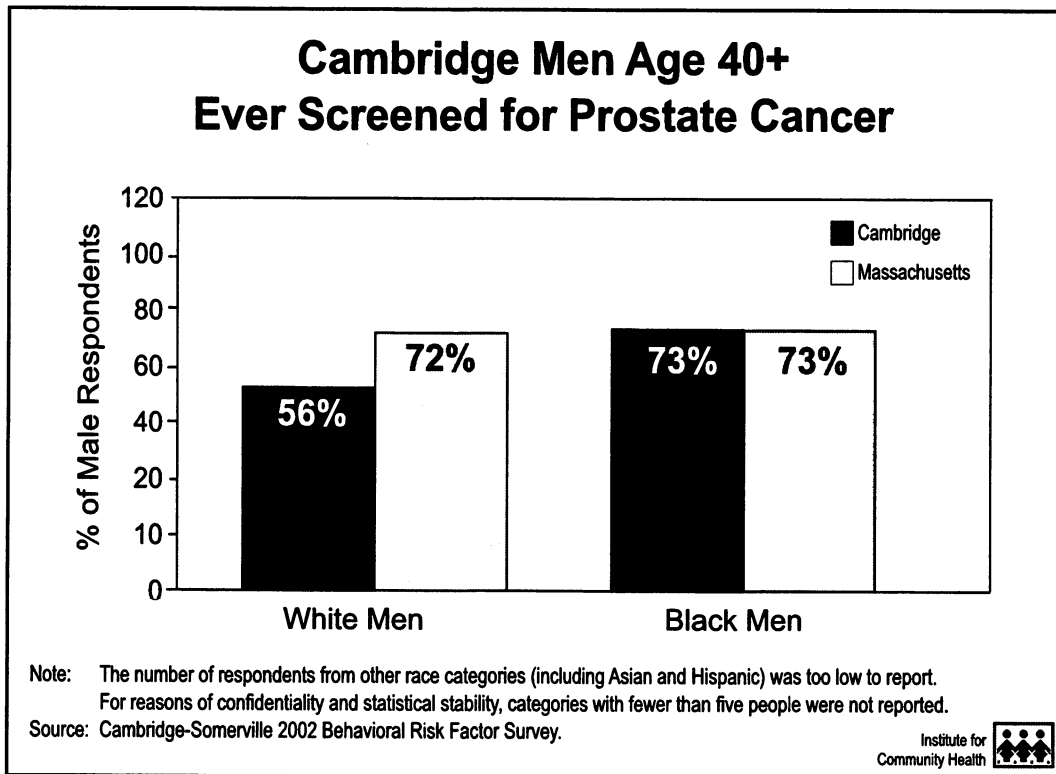
- In Cambridge, 40% of black men reported they had been diagnosed with high blood cholesterol in their lifetime compared to 36% of Asian men and 32% of white men.

Figure 3.



- In Cambridge, 56% of black men who were age 50 or older reported they had been screened for colorectal cancer compared to 49% of white men age 50 or older.

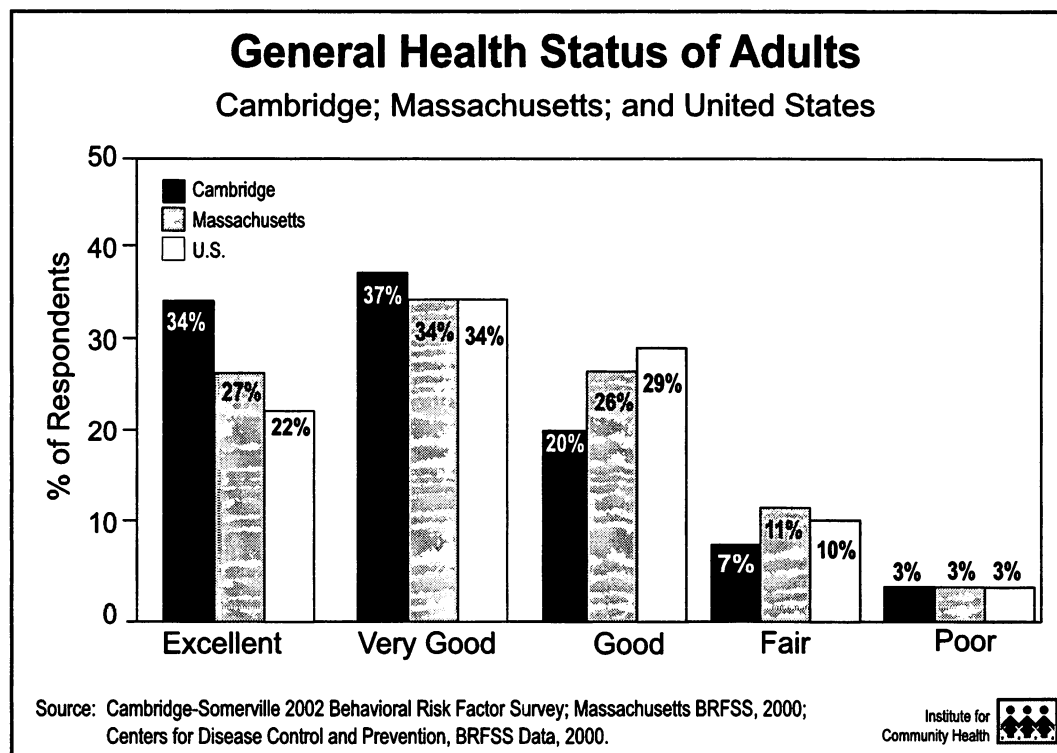
Figure 4.



- In Cambridge, 73% of black men age 40 or older reported they had been screened for prostate cancer compared to 56% of white men age 40 or older.
- The proportion of black men in Cambridge who had been screened for prostate cancer was similar to that of black men (73%) and white men (73%) in Massachusetts.

General Health Status

Figure 1.



- In Cambridge, 71% of adults reported their general health was excellent or very good. The proportion of Cambridge adults whose general health was excellent or very good was higher than that of adults in Massachusetts (61%) and the United States (56%).
- The proportion of Cambridge adults who reported their health was fair or poor (10%) was a little lower than that of the adults in Massachusetts (14%) and the United States (13%).



3.

CITY OF CAMBRIDGE • EXECUTIVE DEPARTMENT

Robert W. Healy, City Manager

Richard C. Rossi, Deputy City Manager

February 10, 2003

To The Honorable, The City Council:

Please find attached for your consideration, the *2003 Cambridge Public Health Assessment*.

Very truly yours,

Robert W. Healy
City Manager

RWH/mec
Attachment

S-49

Consent Agenda #3

*2003 Cambridge Public Health
Assessment.*

In City Council February 10, 2003

**REFERRED TO THE HEALTH
AND ENVIRONMENT
COMMITTEE AND REFERRED
TO HOUSING COMMITTEE ON
MOTION OF COUNCILLOR
GALLUCCIO.**