

anticipated \$88 million cut in the uncompensated care pool. In the next two to three years locally and nationally hospitals will be affected by the balanced budget amendment.

Councillor Davis asked Mr. O'Brien for ^{an explanation of the agreement} a schematic between the City and the Public Health Authority. Mr. O'Brien responded that there is a seven-year agreement between the Cambridge Public Health Authority and the City of Cambridge. The first six years the hospital receives \$7.5 million from the City. During 2002-2003 this sum decreases to \$6.5 million. The tax levy allocation drops in the seven-year period. The allocation from the City goes from 11% to less than 3%. The City of Boston in comparison is spending \$62 million.

Councillor Born inquired about the hospital funding. Mr. O'Brien stated that the hospital has transferred all costs to the Cambridge Health Alliance. Mr. O'Brien stated that the Public Health Alliance is the last publicly owned publicly financed health care system in Massachusetts.

Harold Cox, Chief Public Health Officer, outlined the responsibilities of the Public Health Officer as contained in the organization chart of the Cambridge Public Health Department. **ATTACHMENT A.** The Public Health Officer oversees many functions, he said. He stated that this Public Health Assessment is the fourth edition. The document looks at what has been happening in the six initiative areas. Key substantive areas were reviewed. The document includes geriatric issues in the community, provides information on tobacco control, the public health nursing program, dental health and information on asthma.

The committee heard from Allyson Doyle, Director, Five-City Tobacco Collaborative. She stated that the Collaborative includes the cities of Cambridge, Somerville, Everett, Chelsea and Revere. She stated that most smokers begin to smoke at the age of twelve. Ms. Doyle stated that there are 193 retailers of tobacco products in the city. In 1999 there were 342 educational on-site visits made to the retailers with 190 additional visits made in 2000. Three community-wide retail trainings took place in 1999 and one additional training occurred in 2000, she said. She informed the committee of the amount of compliance checks that occurred in which youth working for the Collaborative attempted to purchase tobacco products, 23 in 1999 and 185 in 2000. She stated that minors were successful in purchasing tobacco products at a rate of 16% in 1998, 9% in 1999 and 6.25% in 2000. She stated that an increase in compliance checks is expected in the future. Ms. Doyle stated that mass mailings to restaurants, visits to restaurants and permits granted by the Cambridge Public Health Department to allow smoking have occurred from June 21, 1999 through January 2, 2000. She stated that since implementation of the most recent amendments to the Smoking Ordinance, Ordinance Number 1225, 80% of Cambridge restaurants are smoke-free. Smoke free restaurants in the city are advertised in local newspapers, she said. There is a proposal for requiring some establishments that have entertainment to be smoke-free. **ATTACHMENT B.**

a coffeehouse that would not allow children in because it wanted to be an establishment that allows smoking. Councillor Davis asked if smoking is permitted in restaurants if there is a ban. Ms. Doyle responded in the negative.

Councillor Braude asked what is done in the kindergarten through grade eight in the schools to educate the children about tobacco. Ms. Lacy responded that education is done in the elementary schools and at the high school. There is a tobacco policy for children who are caught smoking in the school and cessation classes are required. Councillor Braude asked if the data available shows that the number of people who smoke is leveling off. Ms. Doyle responded that Massachusetts is the most aggressive state in advertising the dangers of tobacco. Councillor Braude asked if there is a list of citywide smoke free restaurants. Ms. Doyle responded in the affirmative. Councillor Braude inquired if out-reach is done with these restaurants. Ms. Doyle stated that a smoke free dining guide will be done.

Councillor Davis spoke about the new fluorescent Marlboro signs. She asked if there is any kind of regulations about this type of advertising and who is responsible to enforce the regulation. Ms. Doyle stated that the Inspectional Service Department is the enforcing agent. She works with youth groups and they are going to stores and asking the storeowners to take these signs down. The stores get money to install these signs, she said.

Councillor Born asked what triggers testing for asbestos. Mr. Sam Lipson, Director of Environmental Health, stated that testing is done if the property is covered by the Environmental Protection Agency (EPA) or if it is covered by the city ordinance or the historical use of the property involved asbestos. He informed the committee that the Cornerstone Development volunteered to have the property screened.

Councillor Davis asked about the public health concern of West Nile Fever caused by the geese and crows. Mr. Cox responded that the State Department of Public Health gives an advisory or directive. The State Laboratory works with the community on what it needs to do and the Public Health Department informs the City Manager. Mr. Lipson stated that the state of New York is doing investigation to see if the virus is occurring in the mosquito population. The virus was found in some mosquitos, he said.

Councillor Davis discussed the public health risk to females of the date rape drug, ~~razzes~~, a tasteless, colorless drug that is dumped into a beverage. She asked if anything is being done to tell women about this issue and who is responsible. Mr. Cox stated that the Public Health Department does not have an initiative. The Health Department works with the schools and universities on this matter. The universities, he said, are more willing to cooperate when there is a problem.

Councillor Davis inquired about youth mental health programs, what does the city have and what should the city provide for the mental health of the youth. Mr. O'Brien stated that the Public Health Alliance is meeting with principals of the schools

to review the need for mental health programs. There are two issues. There is a big need and the city needs to identify youth that need mental health treatment. Councillor Davis stated that the city needs to have resources if the youth need assistance. Mr. O'Brien stated that there is not an abundance of grant funds; the need is for the school to expand its services. Councillor Davis stated that an audit of school mental health services ~~would be done in July~~. Ms. Schoeff stated that the School Department has done an RFP.

Councillor Davis stated that she hopes that the Cambridge Walks program is being expanded at all levels. She urged more publication be done for the elderly and the children. Mr. Cox stated that he is hoping to expand the walking initiative. Councillor Braude asked what is done for outreach for a program like Walk/Run. Mr. Cox responded that outreach is done by direct mail to all residents, radio, web site and publication in the Chronicle. Councillor Braude asked if the Public Health Alliance web site is linked to the city. Mr. Lipson responded in the affirmative.

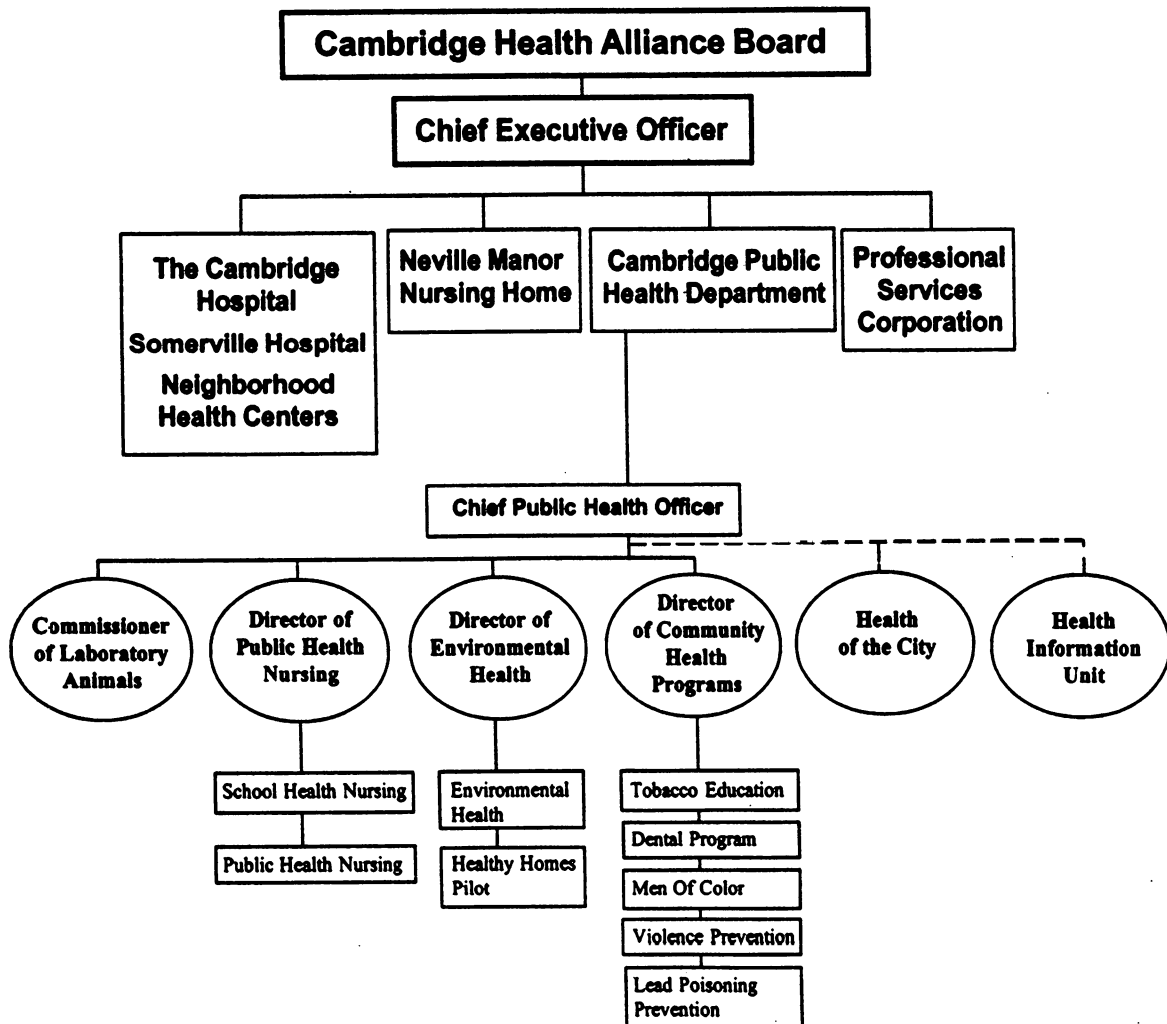
Councillor Davis thanked all those present for their participation.

The meeting adjourned at seven o'clock and thirty minutes p. m.

For the Committee,

Councillor Henrietta Davis,
Chair

Cambridge Public Health Department



Tobacco Control

Retailers of Tobacco Products

- 193 retailers of tobacco products
- 1999: 342 individual on-site educational visits to retailers
January - May 2000: 190 individual on-site educational visits to retailers
- 1999: 3 community-wide retailer responsibility trainings
January - May 2000: 1 community-wide retailer responsibility training
- Minimum of bi-monthly educational mailings to retailers
- 1999: 263 compliance checks occurred where youth attempted to purchase tobacco products
January - May 2000: 185 compliance checks occurred where youth attempted to purchase tobacco products
- 1999: 24 sales to minors occurred during compliance checks
January - May 2000: 12 sales to minors occurred during compliance checks
- Rate of sale
 - 1998: 16%
 - 1999: 9%
 - 2000: 6.5%

Restaurants

Prior to Ordinance No. 1225 being passed on June 21, 1999 the following occurred:

- 18 group meetings or public presentations
- 55 individual visits to restaurants
- 7 mass mailings to restaurants
- 3 public opinion surveys

Between June 21, 1999 and the implementation date of January 2, 2000 the following occurred:

- 5 mass mailings to ~425 restaurants
- 85 restaurants that applied for a permit to allow smoking visited
- 84 Permits to allow smoking were granted by the Cambridge Public Health Department

Since Implementation date of January 2, 2000 the following occurred and/or continues:

- 80% of Cambridge restaurants are 100% smoke-free
- Advertisement in Cambridge Tab and Cambridge Chronicle celebrating the smoke-free restaurants in Cambridge
- Individual on-site visits to all non-smoking restaurants (~340)
- Educational compliance checks to restaurants that were granted a permit to allow smoking

Public Health Nursing ——— ——— & School Health Nursing

✚ The Newborn Homevisiting Program:

In 1999, 84 home visits were made.

In the first 4 months of 2000, 57 home visits have been made.

Purpose of home visits: To introduce parents to the full spectrum of community based resources for families and to assist them in accessing health and social services at their request.

✚ Public Health Nurses and Physicians conducted 2,268 visits in TB Clinic.

✚ 7,400 doses of flu vaccine were distributed to area providers in the fall. An additional 2,300 doses of flu vaccine were give to Cambridge residents at over 30 public flu clinics by the Public Health Nurses.

✚ In the 1998-1999 school year, there were over 69,000 visits to the school health offices.

Children's Dental Project

Program History

- 1994-95, findings from baseline study included
 - 44% of students in Grade 1, had cavities
 - 30% had untreated cavities
 - This compares with HP 2000 goal fewer than 20%
- Initial study also found that existing treatment services were inadequate to serve the needs of Cambridge children.
- Fall of 1997, Children's Dental Health Project began.
- Approximately 3000 children have been screened since the beginning of this project
- July of 1999, new dental clinic opened at the Windsor Street Health Center.

Program Components

- Dental education is provided by a Dental Hygienist through classroom presentations using video, puppetry, demonstration, and Q&A.
- Dental screening is provided in all public elementary schools, the Banneker Charter School, and numerous pre-schools throughout the City.
- Screening is conducted by dental hygienists, dentists and third-year dental students.
- A report on the results of the screening along with referral for dental care is sent home with each student.
- Children requiring urgent dental care are followed up by the Program Coordinator.

Findings

- 51% of children screened had no need for treatment.
- 42% had some indication of dental disease and were referred for non-urgent dental care.
- 7% had serious dental disease and were referred for immediate attention.
- Of those children requiring immediate attention, 88% were successfully linked to a local dentist.



Healthy Homes Program

What is "Healthy Homes"?

Healthy Homes is a new program that helps families in Cambridge understand and deal with asthma.

Families that have young children with asthma receive a free home assessment to identify asthma triggers, safety hazards, and code violations in their homes.

This assessment includes a medical review by a pediatric nurse to ensure that parents understand the medicines that their kids are taking. Healthy Homes also works directly with the primary medical providers to make sure that kids are on the correct medicines and to inform the doctors of the conditions in the home.

Hazardous conditions found in the home are explained to the parents and recommendations are made to help control problem areas.

Families receive free items like mattress encasings and cleaning supplies to help them reduce asthma triggers.

Referrals can be made to other city or Alliance programs to help the families with other issues. Examples include smoking cessation, inspectional services or housing rehabilitation programs.



Infant is given daily asthma medication

Why have an asthma program?

In the US, asthma rates have risen **over 70%** in the past 20 years. The greatest increases have been in young children living in urban areas. In Cambridge, at least **7%** of schoolchildren in grades K-8 have asthma

Each year there are over 500,000 ER visits for asthma in the US. Asthma is now the **#1** preventable hospitalization.

Billions are spent every year on medical treatment, doctor visits, therapy, and lost work time due to asthma attacks.

By conducting home assessments and explaining asthma to families in a language they understand and in a culturally-appropriate manner, we believe that we can make a difference!!

Healthy Homes the details

- ☉ Pilot program funded by Mass DPH and HUD via Lead-Safe Cambridge
- ☉ Current staff of program manager, a half-time nurse, and a half-time family counselor.
- ☉ Plans to expand to older kids and provide more services if future funding allows.

Home assessment results:

- 56% of homes have rodents
- 44% have cockroaches
- 39% have excessive mold
- 33% have broken smoke detectors



Questions?

Jeff Nussbaum

Program manager

Phone 617-665-3836

Fax 617-665-3888

Jnussbaum@Challiance.org

anticipated \$88 million cut in the uncompensated care pool. In the next two to three years locally and nationally hospitals will be affected by the balanced budget amendment.

Councillor Davis asked Mr. O'Brien for an explanation of the agreement between the City and the Public Health Authority. Mr. O'Brien responded that there is a seven-year agreement between the Cambridge Public Health Authority and the City of Cambridge. The first six years the hospital receives \$7.5 million from the City. During 2002-2003 this sum decreases to \$6.5 million. The tax levy allocation drops in the seven-year period. The allocation from the City goes from 11% to less than 3%. The City of Boston in comparison is spending \$62 million.

Councillor Born inquired about the hospital funding. Mr. O'Brien stated that the hospital has transferred all costs to the Cambridge Health Alliance. Mr. O'Brien stated that the Public Health Alliance is the last publicly owned publicly financed health care system in Massachusetts.

Harold Cox, Chief Public Health Officer, outlined the responsibilities of the Public Health Officer as contained in the organization chart of the Cambridge Public Health Department. **ATTACHMENT A.** The Public Health Officer oversees many functions, he said. He stated that this Public Health Assessment is the fourth edition. The document looks at what has been happening in the six initiative areas. Key substantive areas were reviewed. The document includes geriatric issues in the community, provides information on tobacco control, the public health nursing program, dental health and information on asthma.

The committee heard from Allyson Doyle, Director, Five-City Tobacco Collaborative. She stated that the Collaborative includes the cities of Cambridge, Somerville, Everett, Chelsea and Revere. She stated that most smokers begin to smoke at the age of twelve. Ms. Doyle stated that there are 193 retailers of tobacco products in the city. In 1999 there were 342 educational on-site visits made to the retailers with 190 additional visits made in 2000. Three community-wide retail trainings took place in 1999 and one additional training occurred in 2000, she said. She informed the committee of the amount of compliance checks that occurred in which youth working for the Collaborative attempted to purchase tobacco products, 23 in 1999 and 185 in 2000. She stated that minors were successful in purchasing tobacco products at a rate of 16% in 1998, 9% in 1999 and 6.25% in 2000. She stated that an increase in compliance checks is expected in the future. Ms. Doyle stated that mass mailings to restaurants, visits to restaurants and permits granted by the Cambridge Public Health Department to allow smoking have occurred from June 21, 1999 through January 2, 2000. She stated that since implementation of the most recent amendments to the Smoking Ordinance, Ordinance Number 1225, 80% of Cambridge restaurants are smoke-free. Smoke free restaurants in the city are advertised in local newspapers, she said. There is a proposal for requiring some establishments that have entertainment to be smoke-free. **ATTACHMENT B.**

Ricki Lacy, Director of Public Health Nursing, stated that she works with public health nurses and school nurses. She informed the committee that the Newborn Homevisiting Program is a program that started in North Cambridge. In 1999 the program conducted 84 home visits and in 2000, 57 new families were visited. Computerized data is now received from those families who are visited by nurses in the program. Seventy-three percent of families were reached on the follow-up calls made by the nurses. The program, she stated, is well received by the community. The Public Health Nurses conducted 2,268 visits in the TB Clinic, she said. The languages of Creole, Portuguese and Spanish are utilized in the clinics, she said. Patients and health care providers, she said, are contacted regarding communicable diseases. The Public Health Nurses distributed 7,400 doses of flu vaccines. During the 1998-1999 school year there were 69,000 visits to the school nurse's office, she said. She stated that the initiative last year was to have all children who enter kindergarten to be immunized. **ATTACHMENT C.**

Lynn Schoeff, Director of Community Health, informed the committee about the Children's Dental Project. In 1994-1995 a baseline study was done on the dental health of children. Forty-four percent of grade one students had cavities with thirty percent of the cavities not treated. This study, she said, found that existing treatment services were inadequate to service the needs of the youth of the city. Funding for the Children's Dental Project is received from the Bullock Fund. In the fall of 1997 the Children's Dental Health Project began. It initially screened 3,000 children. In July 1999, a new dental clinic was opened at the Windsor Street Health Center, she said. Dental education is provided in the classroom by a dental hygienist, and dental hygienists and dentists conduct screening. A report of the dental screening is done and referral is sent to the parent of the child. The Program Coordinator will contact the parents of the children who require urgent care. The program showed that 51% of children screened needed no treatment; 41% had a need for dental care and 7% were in urgent need of dental care. **ATTACHMENT D.**

Jeff Nussbaum, Coordinator, Healthy Homes Program, stated that the program provides free home assessments for families with young children with asthma and provides asthma education to families. He informed the committee that over the last twenty years asthma rates have risen 70%. In Cambridge seven percent of school children in grades kindergarten through eighth grade have asthma or an asthma related diagnosis. He stated that rodent, or mouse droppings, cockroaches and excessive mold are all asthma triggers. He stated that the home assessment results indicated that 56% of homes have rodents; 44% of homes have cockroaches; 39% of homes have mold and 33% of homes have broken smoke detectors. **ATTACHMENT E.**

Councillor Born asked if there was any attempt to strengthen the Smoking Ordinance. Mr. Cox responded that he wanted to evaluate and assess the current ordinance. There are 84 establishments that allow smoking and over the next year the ordinance will be evaluated. Councillor Born stated that she received a complaint about

a coffeehouse that would not allow children in because it wanted to be an establishment that allows smoking. Councillor Davis asked if smoking is permitted in restaurants if there is a ban. Ms. Doyle responded in the negative.

Councillor Braude asked what is done in the kindergarten through grade eight in the schools to educate the children about tobacco. Ms. Lacy responded that education is done in the elementary schools and at the high school. There is a tobacco policy for children who are caught smoking in the school and cessation classes are required. Councillor Braude asked if the data available shows that the number of people who smoke is leveling off. Ms. Doyle responded that Massachusetts is the most aggressive state in advertising the dangers of tobacco. Councillor Braude asked if there is a list of citywide smoke free restaurants. Ms. Doyle responded in the affirmative. Councillor Braude inquired if out-reach is done with these restaurants. Ms. Doyle stated that a smoke free dining guide will be done.

Councillor Davis spoke about the new fluorescent Marlboro signs. She asked if there is any kind of regulations about this type of advertising and who is responsible to enforce the regulation. Ms. Doyle stated that the Inspectional Service Department is the enforcing agent. She works with youth groups and they are going to stores and asking the storeowners to take these signs down. The stores get money to install these signs, she said.

Councillor Born asked what triggers testing for asbestos. Mr. Sam Lipson, Director of Environmental Health, stated that testing is done if the property is covered by the Environmental Protection Agency (EPA) or if it is covered by the city ordinance or the historical use of the property involved asbestos. He informed the committee that the Cornerstone Development volunteered to have the property screened.

Councillor Davis asked about the public health concern of West Nile Fever caused by the geese and crows. Mr. Cox responded that the State Department of Public Health gives an advisory or directive. The State Laboratory works with the community on what it needs to do and the Public Health Department informs the City Manager. Mr. Lipson stated that the state of New York is doing investigation to see if the virus is occurring in the mosquito population. The virus was found in some mosquitos, he said.

Councillor Davis discussed the public health risk to females of the date rape drug, a tasteless, colorless drug that is dumped into a beverage. She asked if anything is being done to tell women about this issue and who is responsible. Mr. Cox stated that the Public Health Department does not have an initiative. The Health Department works with the schools and universities on this matter. The universities, he said, are more willing to cooperate when there is a problem.

Councillor Davis inquired about youth mental health programs, what does the city have and what should the city provide for the mental health of the youth. Mr. O'Brien stated that the Public Health Alliance is meeting with principals of the schools

to review the need for mental health programs. There are two issues. There is a big need and the city needs to identify youth that need mental health treatment. Councillor Davis stated that the city needs to have resources if the youth need assistance. Mr. O'Brien stated that there is not an abundance of grant funds; the need is for the school to expand its services. Councillor Davis stated that an audit of school mental health services is needed. Ms. Schoeff stated that the School Department has done an RFP.

Councillor Davis stated that she hopes that the Cambridge Walks program is being expanded at all levels. She urged more publication be done for the elderly and children. Mr. Cox stated that he is hoping to expand the walking initiative. Councillor Braude asked what is done for outreach for a program like Walk/Run. Mr. Cox responded that outreach is done by direct mail to all residents, radio, web site and publication in the Chronicle. Councillor Braude asked if the Public Health Alliance web site is linked to the city. Mr. Lipson responded in the affirmative.

Councillor Davis thanked all those present for their participation.

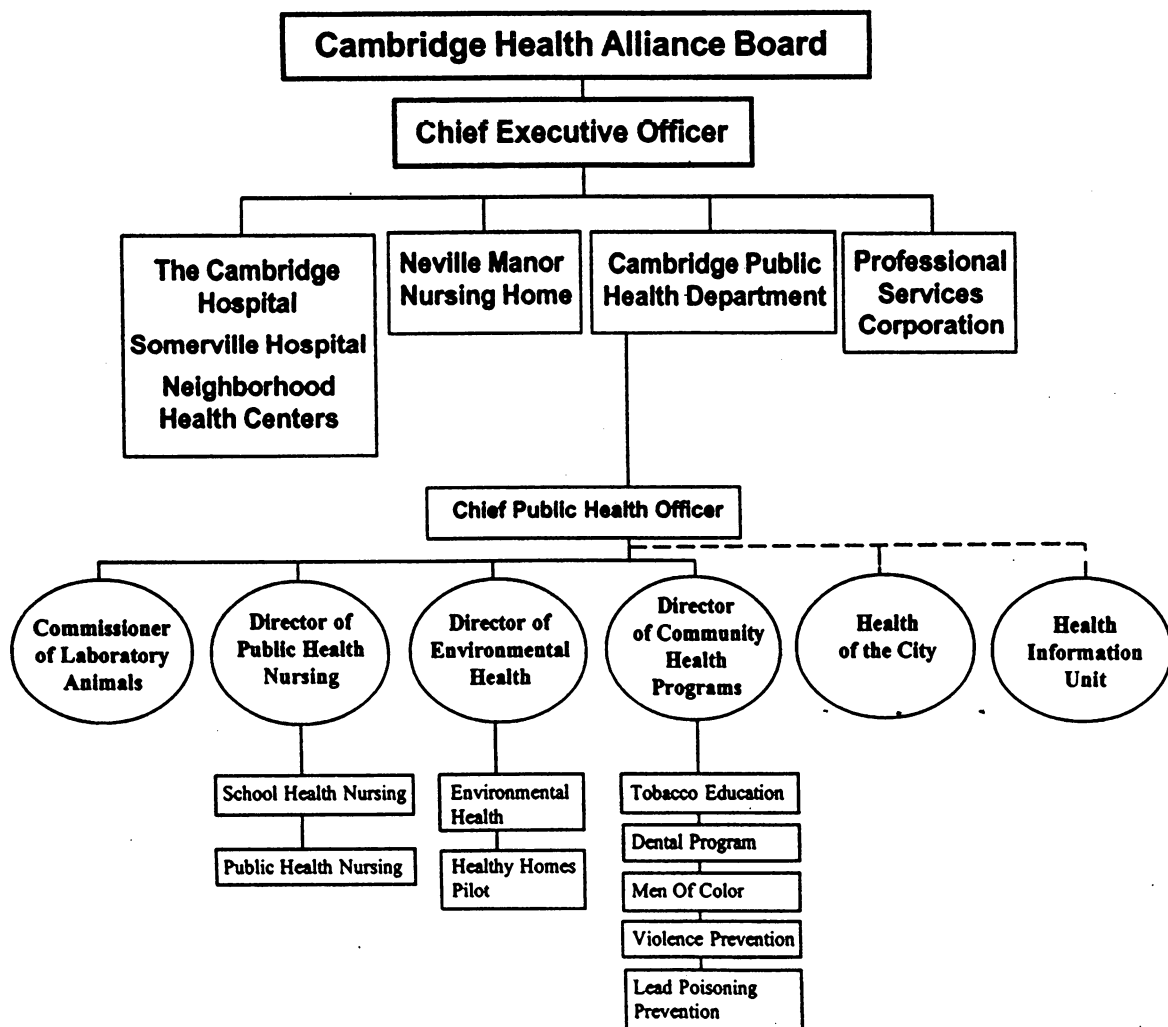
The meeting adjourned at seven o'clock and thirty minutes p. m.

For the Committee,



Councillor Henrietta Davis,
Chair

Cambridge Public Health Department



Tobacco Control

Retailers of Tobacco Products

- 193 retailers of tobacco products
- 1999: 342 individual on-site educational visits to retailers
January - May 2000: 190 individual on-site educational visits to retailers
- 1999: 3 community-wide retailer responsibility trainings
January - May 2000: 1 community-wide retailer responsibility training
- Minimum of bi-monthly educational mailings to retailers
- 1999: 263 compliance checks occurred where youth attempted to purchase tobacco products
January - May 2000: 185 compliance checks occurred where youth attempted to purchase tobacco products
- 1999: 24 sales to minors occurred during compliance checks
January - May 2000: 12 sales to minors occurred during compliance checks
- Rate of sale
 - 1998: 16%
 - 1999: 9%
 - 2000: 6.5%

Restaurants

Prior to Ordinance No. 1225 being passed on June 21, 1999 the following occurred:

- 18 group meetings or public presentations
- 55 individual visits to restaurants
- 7 mass mailings to restaurants
- 3 public opinion surveys

Between June 21, 1999 and the implementation date of January 2, 2000 the following occurred:

- 5 mass mailings to ~425 restaurants
- 85 restaurants that applied for a permit to allow smoking visited
- 84 Permits to allow smoking were granted by the Cambridge Public Health Department

Since Implementation date of January 2, 2000 the following occurred and/or continues:

- 80% of Cambridge restaurants are 100% smoke-free
- Advertisement in Cambridge Tab and Cambridge Chronicle celebrating the smoke-free restaurants in Cambridge
- Individual on-site visits to all non-smoking restaurants (~340)
- Educational compliance checks to restaurants that were granted a permit to allow smoking

Public Health Nursing ——— ——— & School Health Nursing

✚ The Newborn Homevisiting Program:

In 1999, 84 home visits were made.

In the first 4 months of 2000, 57 home visits have been made.

Purpose of home visits: To introduce parents to the full spectrum of community based resources for families and to assist them in accessing health and social services at their request.

✚ Public Health Nurses and Physicians conducted 2,268 visits in TB Clinic.

✚ 7,400 doses of flu vaccine were distributed to area providers in the fall. An additional 2,300 doses of flu vaccine were give to Cambridge residents at over 30 public flu clinics by the Public Health Nurses.

✚ In the 1998-1999 school year, there were over 69,000 visits to the school health offices.

Children's Dental Project

Program History

- 1994-95, findings from baseline study included
 - 44% of students in Grade 1, had cavities
 - 30% had untreated cavities
 - This compares with HP 2000 goal fewer than 20%
- Initial study also found that existing treatment services were inadequate to serve the needs of Cambridge children.
- Fall of 1997, Children's Dental Health Project began.
- Approximately 3000 children have been screened since the beginning of this project
- July of 1999, new dental clinic opened at the Windsor Street Health Center.

Program Components

- Dental education is provided by a Dental Hygienist through classroom presentations using video, puppetry, demonstration, and Q&A.
- Dental screening is provided in all public elementary schools, the Banneker Charter School, and numerous pre-schools throughout the City.
- Screening is conducted by dental hygienists, dentists and third-year dental students.
- A report on the results of the screening along with referral for dental care is sent home with each student.
- Children requiring urgent dental care are followed up by the Program Coordinator.

Findings

- 51% of children screened had no need for treatment.
- 42% had some indication of dental disease and were referred for non-urgent dental care.
- 7% had serious dental disease and were referred for immediate attention.
- Of those children requiring immediate attention, 88% were successfully linked to a local dentist.



Healthy Homes Program

What is "Healthy Homes"?

Healthy Homes is a new program that helps families in Cambridge understand and deal with asthma.

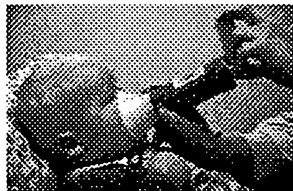
Families that have young children with asthma receive a free home assessment to identify asthma triggers, safety hazards, and code violations in their homes.

This assessment includes a medical review by a pediatric nurse to ensure that parents understand the medicines that their kids are taking. Healthy Homes also works directly with the primary medical providers to make sure that kids are on the correct medicines and to inform the doctors of the conditions in the home.

Hazardous conditions found in the home are explained to the parents and recommendations are made to help control problem areas.

Families receive free items like mattress encasings and cleaning supplies to help them reduce asthma triggers.

Referrals can be made to other city or Alliance programs to help the families with other issues. Examples include smoking cessation, inspectional services or housing rehabilitation programs.



Infant is given daily asthma medication

Why have an asthma program?

In the US, asthma rates have risen **over 70%** in the past 20 years. The greatest increases have been in young children living in urban areas. In Cambridge, at least **7%** of schoolchildren in grades K-8 have asthma

Each year there are over 500,000 ER visits for asthma in the US. Asthma is now the **#1** preventable hospitalization.

Billions are spent every year on medical treatment, doctor visits, therapy, and lost work time due to asthma attacks.

By conducting home assessments and explaining asthma to families in a language they understand and in a culturally-appropriate manner, we believe that we can make a difference!!

Healthy Homes the details

- ☺ Pilot program funded by Mass DPH and HUD via Lead-Safe Cambridge
- ☺ Current staff of program manager, a half-time nurse, and a half-time family counselor.
- ☺ Plans to expand to older kids and provide more services if future funding allows.

Home assessment results:

- 56% of homes have rodents
- 44% have cockroaches
- 39% have excessive mold
- 33% have broken smoke detectors



Questions?

Jeff Nussbaum

Program manager

Phone 617-665-3836

Fax 617-665-3888

Jnussbaum@Challiance.org

City of Cambridge

HEALTH AND ENVIRONMENT

Councillor Henrietta Davis, Chair

Councillor Kathleen L. Born

Councillor Jim Braude

In City Council June 5, 2000

The Health and Environment Committee held a public hearing on Thursday, May 11, 2000, beginning at five o'clock and forty-five minutes P.M. in the Sullivan Chamber.

The purpose of the meeting was to discuss the Public Health Assessment.

Present at the hearing were Councillor Henrietta Davis, Chair of the Committee, Councillor Kathleen L. Born, Councillor Jim Braude, Councillor Marjorie Decker, John O'Brien, Chief Executive Officer of the Public Health Alliance, Joan Marconi, Executive Assistant to the CEO, Harold Cox, Chief Public Health Officer, Sam Lipson, Director of Environmental Health, Carol Cerf, Chair, Cambridge Public Health Subcommittee and Member of the Joint Public Health Board and the Cambridge Health Alliance Joint Hospital Board, Virginia Chomitz, Assistant Director, Health of the City, Lynn Schoeff, Director of Community Health, Jeff Nussbaum, Coordinator, Healthy Homes Project, Dr. Melvin Chalfen, Member Cambridge Health Alliance Joint Hospital Board and Cambridge Public Health Subcommittee, Robin Harris, Member, Cambridge Public Health Subcommittee and Joint Public Health Board, Jill Herold, Assistant City Manager for Human Services and Member of the Cambridge Public Health Subcommittee and Joint Public Health Board, Allyson Doyle, Director, Five City Tobacco Collaborative, Ricki Lacy, Director, Public Health Nursing, Dan Curley, Executive Director, Cambridge Cares About AIDS and Donna P. Lopez, Deputy City Clerk.

Councillor Davis convened the hearing and stated that the Public Health Assessment was presented to the City Council in January. The City Council referred it to this committee for a public hearing and the results of the hearing will be reported to the full City Council.

John O'Brien gave the committee an overview of the Public Health Assessment. The Cambridge Health Alliance, he stated, continues to go through changes and navigate its way through the public health system and to invest in public health improvements. The Alliance currently has 2700 full and part time employees and has an operating budget of \$270 million. The Public Health Alliance staff has been successful in bringing in new resources and grant resources in a health care environment in which hospitals in Massachusetts will continue to close. He requested support from the City Council in the area of advocacy in state government. There is an

Committee Report #5

1625

A report received from Councillor
Davis, Chair of the Health and
Environment Committee, for a
public hearing held on May 11, 2000,
for the purpose of discussing
the Public Health Assessment.

S-162

In City Council June 5, 2000

Report Accepted.
Placed on file.