Health Data Report
Introduction

People use data to make informed decisions. Without data, decisions are based on assumptions that may seem plausible but are sometimes incorrect. The Cambridge Public Health Department is committed to data-driven decision making for health policy development, program development, and evaluation. This process requires collecting and analyzing community data, and presenting that information to appropriate groups.

This report presents data on the city’s six health priorities:

- HIV/AIDS
- Healthy weight
- Substance abuse
- Healthy housing
- Domestic violence prevention
- Health disparities

The Cambridge Public Health Subcommittee selected these priorities in 2004 based on local health data and discussions with city department heads and other personnel, residents, the Healthy Children Task Force, and public health staff.

This report offers a snapshot of the health status of Cambridge. The health department will track these measures over time to monitor changes in morbidity and mortality. This information will help the department evaluate the success of its programs. The data may also be useful to city agencies and community-based organizations that are tackling similar health issues.

One goal of this report is to present charts and graphs that are simple and easy to read. Three types of data are presented in the report:

- A snapshot of Cambridge relative to the targeted health priority
- Trends (showing changes over time)
- Comparisons with Massachusetts data to indicate how Cambridge is doing relative to the state
Each type of data is presented where available, appropriate, and useful. In the future, this information will be available on the health department website, www.cambridgepublichealth.org.

The health department follows the Massachusetts Department of Public Health guidelines for presentation of small numbers. In order to maintain both statistical accuracy and confidentiality, categories representing fewer than five people are not presented. This occasionally results in charts that do not appear complete (e.g., black and white residents are represented in a chart, but not Asian or Hispanic residents).

It is hoped that this report will raise awareness about important health issues facing Cambridge, and will contribute to efforts to improve the health of the city. If you have questions about the data, please call the health department’s Epidemiology Unit at 617-665-3809.
HIV/AIDS

AIDS is the most serious form of an illness caused by the Human Immunodeficiency Virus (HIV). In 2004, there were 344 Cambridge residents living with HIV/AIDS, including 21 people who were diagnosed that year.

The majority of Cambridge individuals (61%) living with HIV/AIDS were diagnosed with the disease in their 30s and early 40s.

Among Cambridge females diagnosed with HIV/AIDS between 1999 and 2004, the primary mode of transmission was heterosexual sex. Among Cambridge males, the primary mode of transmission was male-to-male sex, followed by heterosexual sex.

Figure 1

Cambridge Residents Living with HIV/AIDS by Age at Diagnosis

Note: The "age at diagnosis" category includes 344 people, based on 2004 data as of August 1, 2005. Percentages do not add up to 100 due to rounding.
Source: Massachusetts Department of Public Health, HIV/AIDS Surveillance Program. Data as of 8/1/05.

Figure 2

Cambridge Residents Diagnosed with HIV/AIDS from 1999 to 2004 by Probable Mode of Transmission

Note: *This category includes "presumed heterosexual sex."
**This category includes people whose primary mode of infection was injection drug use and people whose mode of infection could have been either injection drug use or male-to-male sex. From 1999 to 2004, 32 Cambridge women and 102 Cambridge men were diagnosed with HIV/AIDS.
Source: Massachusetts Department of Public Health, HIV/AIDS Surveillance Program. Data as of 8/1/05.
In Cambridge, like elsewhere in the United States, people of color are disproportionately affected by HIV/AIDS. While black residents comprise only 11% of the city’s population, they made up 50% of new HIV diagnoses between 1999 and 2004. Hispanic residents, who comprise 7% of the city’s population, accounted for 10% of the new diagnoses during the same period.

In Cambridge, the rate of new HIV infections among black females diagnosed from 1999 to 2004 was more than 22 times that of white females. Compared to the other groups represented in figure 4, black males (in Cambridge and Massachusetts) had the highest rate of HIV infection between 1999 and 2004.
The rate of new HIV infections among foreign-born residents is more than twice that of residents born in the United States.

White residents comprised the majority (64%) of U.S.-born Cambridge residents diagnosed with HIV/AIDS from 1999 to 2004. Black residents comprised the majority (81%) of foreign-born Cambridge residents diagnosed with HIV/AIDS from 1999 to 2004.
Within the city’s communities of color, first generation immigrants from the Caribbean, Latin America, and Africa have been especially affected by HIV/AIDS. Although first generation residents from these regions comprise only 9% of the city’s population, they account for 29% of the total HIV/AIDS cases in Cambridge.
Late Diagnoses: Lost Opportunities for Care and Treatment

A troubling issue in Cambridge and in the state is the number of people who do not learn about their HIV status until they are already quite sick and within two months of being diagnosed with AIDS. A late diagnosis (also known as a “concurrent diagnosis”) reduces opportunities for effective treatment and increases the likelihood that an individual may unknowingly transmit the virus to other people.

Figure 8

Concurrent Diagnoses of HIV and AIDS by Gender, 1999 to 2004

Note: From 1999 to 2004, 23 Cambridge men and 15 Cambridge women were concurrently diagnosed with HIV and AIDS. Source: Massachusetts Department of Public Health, HIV/AIDS Surveillance Program. Data as of 8/1/05.

Among all Cambridge individuals diagnosed with HIV infection from 1999 to 2004, 47% of women and 23% of males learned about their status within two months of developing AIDS. Statewide, 28% of females and 24% of males were concurrently diagnosed with HIV and AIDS.

Black residents in Cambridge are almost twice as likely as white residents to learn about their HIV status within two months of developing AIDS.

Figure 9

Concurrent Diagnoses with HIV and AIDS by Race/Ethnicity, 1999 to 2004

Note: From 1999 to 2004, 26 black residents and 11 white residents were concurrently diagnosed with HIV and AIDS. Source: Massachusetts Department of Public Health, HIV/AIDS Surveillance Program. Data as of 8/1/05.
Alliance Programs & Activities

HIV/AIDS remains a devastating infectious disease for which there is no vaccine or cure. New medicines have prolonged the lives of infected people, but these drugs are expensive and can have serious side effects. Preventing new infections is still the most effective way of controlling the HIV/AIDS epidemic.

Cambridge Health Alliance is committed to reducing the number of new HIV infections in the communities it serves. Through innovative outreach programs, staff educate Haitian and Portuguese speakers about the disease and how to prevent it. The Alliance’s HIV counseling and testing program provides confidential testing and follow-up services.

The Alliance has adopted a holistic approach to treatment to help meet some of the unique challenges posed by patients living with HIV/AIDS. The Zinberg Clinic at The Cambridge Hospital offers primary care, gynecology, psychiatric care, case management, drug counseling, nutrition services, and acupuncture to people with HIV/AIDS.

2005 Highlights

• **HIV and Hepatitis Testing Campaign**: In recognition of National HIV Testing Day, the Alliance and several community organizations offered free, walk-in HIV testing and counseling on June 18-30 at sites in Cambridge, Somerville, and Everett. Hepatitis B and hepatitis C testing, as well as hepatitis vaccines, were offered at many sites. In all, 66 people were tested.

• **Free Counseling and Testing**: The Alliance continued to offer free HIV and hepatitis counseling and testing, as well as free hepatitis vaccines, to at-risk individuals who met the state’s eligibility criteria.

• **Same-Day HIV Testing**: In October, the Alliance launched an HIV “on-call” service that allows medical providers to offer same-day HIV testing to their patients.

• **Additional Location for HIV Testing**: North Cambridge Health Center, an Alliance primary care site, began offering HIV counseling and testing in 2005. This service is available weekly on Tuesday afternoons, and is targeted primarily at Caribbean immigrants.

• **Youth at Risk**: The Institute for Community Health will provide the evaluation component for a new Cambridge Cares About AIDS program that will address substance use, HIV, and hepatitis risk among black and Latino youth who are reentering the community from the correctional system, transitioning out of foster care, or who are homeless or precariously housed.

A campaign poster for World AIDS Day which takes place every year on December 1.
Healthy Weight

A significant number of Cambridge children and adults are either obese, overweight, or at risk of overweight. Obese adults are at increased risk for diabetes, high blood pressure, cardiovascular disease, cancer, arthritis, depression, and respiratory illnesses. Overweight among children and teenagers is also a serious health issue. Overweight children are at risk for developing high blood pressure, type 2 diabetes, and other conditions once common only among adults.

**Figure 1**

![Weight Status of Cambridge Children Age 5 to 14, 2005](image)

Note: Data based on BMI-for-age data from 4,116 students (grades K–8) in the Cambridge Public Schools.
Source: Cambridge Public Schools, Physical Education Department, 2005; Institute for Community Health.

**Defining Weight Status in Children and Adults**

The term “obesity” is not used for children and adolescents (age 2 to 20). Rather, the term “overweight” is applied to children and teens who have a body mass index (BMI) at or above the 95th percentile. Children and teenagers between the 85th and 95th percentiles are considered “at risk of overweight,” while those between the 5th and 85th percentiles are considered “healthy weight.” Those below the 5th percentile are considered “underweight.” BMI for children and teenagers is gender and age specific.

Adults who have a body mass index (BMI) between 25 and 29.9 are considered “overweight,” while adults who have a BMI of 30 or higher are considered “obese.”

38% of Cambridge public school children in grades K-8 are either overweight or at risk of overweight.
Like elsewhere in the United States, black and Hispanic children in Cambridge are more likely to be overweight compared to other racial and ethnic groups.

Cambridge middle grades students are much more likely to eat five or more servings of fruits and vegetables a day than Cambridge high school students.

About one third of Cambridge students in grades 6-12 watch more than two hours of television a day.

About two thirds of Cambridge students in grades 6-12 are moderately or vigorously active at least three days during the week.

Note: Data based on written survey responses from 1,478 high school students and 1,180 middle grades students in the Cambridge Public Schools. The term "moderately active" is defined as participating in more than 30 minutes of moderate activity at least five times a week. "Vigorously active" is defined as participating in more than 20 minutes of vigorous activity at least three times a week.

Source: Cambridge Teen Health Survey, 2004; Cambridge Middle Grades Health Survey, 2005.
Obesity and Overweight Among Adults

In Cambridge, almost 50% of males and 30% of females are overweight or obese. In Massachusetts, 66% of males and 43% of females are overweight or obese.

In Cambridge and Massachusetts, the proportion of women who are overweight is considerably lower than that of men. The proportion of women and men who are obese is about the same.

Participation in Healthy Habits Among Cambridge Adults

In Cambridge, the proportion of healthy weight adults who eat the recommended amount of fruits and vegetables is higher than that of overweight and obese adults. Healthy weight adults also watch less television than overweight and obese adults.

Note: Based on a 2002 telephone survey of Cambridge adults.
Alliance Activities & Programs

The Cambridge Public Health Department, in partnership with the Institute for Community Health and the Cambridge Public Schools, has established programs that address obesity and overweight from programmatic, educational, and policy perspectives.

Every spring, families of Cambridge public school children are provided with a health and fitness “progress report” that contains their child’s weight and fitness information. Public health staff, along with community, public health, and school partners, work with school food service personnel to increase the availability of more healthful food options. The Cambridge Walks campaign, led by the Cambridge Public Health Department, organizes walking programs and the annual Hunt for Golden Shoes.

2005 Highlights

• New Citywide Campaign: In November, the Cambridge Public Health Department and the Cambridge Public Schools launched Healthy Living Cambridge, a citywide campaign to encourage residents to eat better and be more physically active. Built on the “5-2-1” guidelines endorsed by the City Council and the Cambridge School Committee, the campaign promotes new and existing community programs that engage citizens in healthier behaviors.
• **Outreach to Communities of Color:** *Fit for Life*, a program of the Men of Color Health Initiative, expanded its efforts to increase physical activity among older African-American men. *Fit for Life* participants received a free gym membership to the Cambridge YMCA in exchange for a commitment to exercise regularly. Men who did not have a primary care provider were referred to Alliance physicians and educated about preventive care, including the importance of prostate cancer screening.

• **School Nutrition:** Nutritionists from the Cambridge Public Health Department’s School Health Program, School Food Service personnel, and Institute for Community Health staff worked to increase the number of healthy food choices available to Cambridge public school students. (See sidebar in “Overview” section).

• **Family Education:** The health department’s School Health Program organized popular evening educational events at three Cambridge public schools. At these *Fit Together* events, school nutritionists, physicians, nurses, physical education teachers, and other staff spoke to families about eating healthy and becoming more physically active.

• **Farm-to-School Project:** In September, the Institute for Community Health received a $270,000 grant from the U.S. Department of Agriculture for *Growing Healthy*, a program to increase students’ consumption of locally grown produce. (See sidebar in “Overview” section).
Substance Abuse

Substance abuse and its related problems are among society’s most pervasive health and social concerns. Over time, excessive drinking can lead to liver damage, pancreatitis, various cancers, and psychological disorders. Heroin and other injection drugs are major risk factors for HIV/AIDS and hepatitis C. Other risks associated with alcohol and drug abuse include motor vehicle accidents, falls, domestic violence, and child abuse.

Figure 1

In 2005, 19% of Cambridge middle grades students reported they had consumed alcohol within the past 30 days. Of these students, 7% reported binge drinking (consuming five or more drinks in a row). In addition, 7% of students reported they had smoked marijuana in the past 30 days, while 2% reported they had used other drugs. Other drugs were defined as LSD, cocaine, speed, downers, heroin, and crack.

Note: Data based on written survey responses from Cambridge middle grades students who were asked about their use of alcohol, marijuana, and other drugs (LSD, cocaine, speed, downers, heroin, and crack) in the past 30 days. The “any alcohol” question elicited responses from 1,140 students; binge alcohol, 1,146 students; marijuana, 1,136 students; and “other drugs,” 1,133 students. “Binge alcohol” was defined as consuming five or more drinks in a row in the past 30 days.

Source: Cambridge Middle Grades Health Survey, 2005.
In 2004, 39% of Cambridge Rindge and Latin students reported drinking alcohol in the past 30 days. And, 19% reported binge drinking, 21% reported smoking marijuana, and 4% reported using other drugs.

The proportion of Cambridge public high school students who report they drink alcohol, binge drink, or smoke marijuana has declined substantially since the late 1990s.

In 2003, 45% of Massachusetts high school students reported drinking alcohol in the past 30 days. Almost 30% reported binge drinking and smoking marijuana in the past 30 days.
The proportion of white high school students (58%) who reported drinking alcohol within the past 30 days is nearly twice that of black students (29%). Similar patterns hold true for binge drinking, marijuana, and other drug use.

72% of Cambridge adults surveyed in 2002 reported drinking alcohol in the past month, and 25% reported binge drinking. Twelve percent of Cambridge adults reported using marijuana in the last 30 days. Only 1% reported current use of hallucinogens, cocaine, downers or heroin.

In Massachusetts, 67% of adults surveyed in 2002 reported drinking alcohol in the past month, and 18% reported binge drinking.

Note: The Massachusetts survey did not ask comparable questions about marijuana and “other drugs.”
Since 2002, the greatest number of heroin overdoses in Cambridge has occurred among people age 30 to 49, according to data from Professional Ambulance. About 60% of the overdose patients are Cambridge residents.

Note: 2005 data does not include the months of November and December.

Men age 35 to 44 comprised nearly 25% of all opioid-related emergency department visits made by Cambridge residents in 2004. Among teenagers and young adults, girls were more likely than boys to be seen in emergency departments for opioid overdoses.
Alliance Activities & Programs

Substance abuse providers in Cambridge remain profoundly impacted by state funding cuts to prevention and treatment programs in Massachusetts. As a community, Cambridge has lost detoxification programs, residential treatment programs, outpatient therapy, and community support services.

In October 2005, the Massachusetts Oxycontin Commission held a hearing at which Mayor Michael Sullivan testified about the lack of available treatment for residents addicted to painkillers. His sentiments were echoed later that month by Cambridge police officers, court personnel, treatment providers, and parents at a special meeting of the City Council and School Committee.

Despite the funding losses, knowledgeable providers from community-based agencies and the Alliance continue to provide innovative prevention and intervention services to Cambridge residents. The Alliance is working to make the treatment-enhancing medication suboxone more widely available. The health department’s Director of Community Health Programs serves on the executive committee of the Cambridge Prevention Coalition and chairs the newly formed Prescription Drug Abuse Task Force.

2005 Highlights

• **Suboxone Treatment:** The Medical Director for Substance Abuse Services at Cambridge Health Alliance is spearheading an effort to increase the availability of suboxone treatment for opioid dependence. Effective use of this medication could quadruple the number of people who can be treated safely in an outpatient setting.

• **Prescription Drug Abuse:** Responding to concern expressed by the City Council, the Cambridge Public Health Department convened a new task force of the Cambridge Prevention Coalition to address prescription drug abuse. Initial activities included identifying current drug abuse trends in Cambridge and bringing together providers and families to plan a community-wide response.

• **Youth Substance Use Behaviors:** The 2005 Cambridge Middle Grades Health Survey provided comprehensive data on middle school students’ attitudes toward and experiences with substance use and other behaviors that pose health risks. The biannual survey was administered by the Institute for Community Health, the Cambridge Public Health Department, and the Cambridge Public Schools.
Healthy Housing

The impact of housing on health is profound. Poor indoor air quality is associated with chronic respiratory diseases such as asthma. Unsafe housing conditions can lead to unhealthy chemical exposures, burns, falls, and electrocution.

**Figure 1**


Cambridge drinking water consistently meets or exceeds state and federal standards.

Cambridge Children (Under Age 4) Tested for Elevated Lead Levels, Fiscal Year 2005

<table>
<thead>
<tr>
<th>% of children tested for lead:</th>
<th>82%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children tested for lead:</td>
<td>2,231 children</td>
</tr>
<tr>
<td>Number of children with elevated lead levels:</td>
<td>Fewer than 5 children</td>
</tr>
</tbody>
</table>

Note: According to state law, all children should be screened for lead poisoning once between the ages of 9 months and 12 months, and again at ages 2 and 3.


Lead paint in older homes is the primary source of childhood lead poisoning. In the past 15 years, the number of Cambridge children with elevated blood lead levels has declined dramatically. In fiscal year 2005, fewer than five children had elevated lead levels (greater than 15 micrograms per deciliter). Local experts believe this decline is largely due to widespread screening, family education, and an increase in the number of renovated and de-leaded residences in Cambridge.
According to the most recent available data, Cambridge adults age 45 to 64 had a higher rate of asthma emergency department visits than Cambridge adults in other age categories. In Massachusetts, the rate of asthma emergency department visits was highest among residents under age 45.

In 2003, Cambridge adults age 45 to 64 had a higher rate of asthma hospitalizations than Cambridge adults in other age categories.
Asthma is one of the most widespread respiratory diseases in the United States. Household triggers that can initiate or worsen asthma symptoms include mold, tobacco smoke, dust mite and cockroach debris, pet dander, and chemical products. Adult asthma (like childhood asthma) can be life threatening if not properly managed.

Emergency department visits among children enrolled in the Alliance's Childhood Asthma Registry have declined dramatically in the past few years.

In Cambridge, adults age 45 to 64 have the highest rate of accidental poisoning emergency department visits.

In Massachusetts, children (newborn to age 17) have the highest rate of accidental poisoning emergency department visits. The rate of accidental poisoning emergency department visits among Massachusetts children is nearly three times that of Cambridge children.
Activities & Programs

Cambridge Health Alliance is helping families create safer and healthier home environments.

Healthy Homes, a childhood asthma program, teaches families how to identify asthma triggers and safety hazards in their homes. In addition, a pediatric nurse evaluates the health status of children enrolled in the program, works with families and physicians to develop asthma action plans, and links families to community and clinical resources. The Indoor Air Quality Program offers information, consultation, and air quality investigations to residents and small businesses concerned about mold or other contaminants.

The Alliance’s Childhood Asthma Registry, launched in 2002, provides safe, effective, and timely care to pediatric patients with asthma. The registry is an electronic database that contains information such as a child’s asthma action plan, current medication, and contact information for the child’s doctor and nurse. The database is available to primary care providers, emergency department providers, and school nurses.

In 2004, the Massachusetts Regional Poison Control Center logged 387 calls from Cambridge residents. The greatest number of calls involved pharmaceutical substances (179 calls), cosmetics and beauty products (46 calls), and household cleaners (31 calls).
2005 Highlights

• **Childhood Asthma Registry**: Both emergency department visits and hospitalizations among children enrolled in the Childhood Asthma Registry continued to drop in 2005. These declines were largely due to better family education about managing childhood asthma, as well as improved information sharing among health care providers. As of July 2005, more than 1,900 children from Cambridge, Somerville, and surrounding communities were enrolled in the registry.

• **Healthy Homes Program**: In 2005, Healthy Homes staff made a total of 194 home visits to 80 Cambridge families. The number of home visits in 2005 increased about 44% from 2004.

• **Mold Investigations**: In October, the Cambridge Public Health Department contracted a veteran industrial hygienist to conduct thorough assessments for mold in residential units. Mold is one of the most common triggers of respiratory illness. In partnership with the city’s Inspectional Services Department, health department staff will produce detailed reports for tenant or owner-occupied units, and will use report findings to enforce existing public health standards.

• **Indoor Air Quality Legislation**: Cambridge Public Health Department staff participated on a statewide indoor air quality advisory committee to review existing regulations governing air quality in schools and residential housing, and to draft new regulations that will address these concerns.
Domestic Violence

Domestic violence is a pattern of behavior intended to establish control and fear in a relationship through violence and other forms of abuse. To assert dominance in a relationship, the offender may use physical or sexual violence, emotional abuse, economic control, isolation, and threats. Victims are spouses and romantic partners (including teenagers in violent dating relationships), children who experience or witness family violence, elders, and roommates. Adults and children who experience violence in the home are at increased risk for physical and mental health conditions including injuries, chronic headaches, depression, and substance abuse.

Figure 1

The Cambridge Police Department receives approximately 1,000 calls every year related to domestic violence.
Since 1999, the proportion of domestic violence incidents reported in Cambridge between romantic partners has declined, while the proportion of incidents between siblings has increased.

Police estimate that two out of every three domestic violence incidents committed in Cambridge are never reported. In 2004, 64% of the domestic calls to the Cambridge Police Department were “domestic crimes” (e.g., assault, violation of a restraining order, threat to commit a crime, and harassment). The remaining 36% of calls involved loud arguments, classified as “domestic disputes.” While technically not a crime, domestic disputes can still include abuse, and may escalate into more serious offenses if not addressed.

The number of restraining orders filed at the Cambridge District Court decreased 28% between 2001 and 2004. This reflects a statewide trend: In Massachusetts, the number of restraining orders filed dropped 21% during the same period.

It is unclear whether the declines in Cambridge and the state are due to an actual drop in domestic violence incidents or whether fewer victims are relying on the criminal justice system to address their safety needs.
Among public high school students in Cambridge, 7% reported feeling threatened by a date or someone they were going out with, 6% reported being physically hurt by a date, and 3% reported being hurt sexually or being forced or pressured into having sex against their will.

In Massachusetts, roughly the same proportion of high school students reported being hurt physically or pressured or forced into having sex.

Note: The Massachusetts survey did not ask a comparable question about being “threatened or made to feel afraid.”

Research has consistently demonstrated that witnessing domestic violence can have similar traumatic effects on children as being directly abused. In Cambridge, 8% of public high school students reported witnessing domestic violence in their homes in the past 12 months. In addition, 16% of students reported they had been verbally or emotionally abused by a family member and 4% reported being physically hurt by a family member in the past 12 months.

Note: Data based on written survey responses from Cambridge Rindge and Latin students who were asked if, during the past 12 months, they had witnessed domestic violence in their home (110 of 1,459 students responded “yes”), had been verbally or emotionally abused by a family member (226 of 1,454 students responded “yes”), or had been physically hurt by a family member (57 of 1,460 students responded “yes”).

Alliance Activities & Programs

As a community, Cambridge has taken a strong stand on domestic violence. In 1995, the city launched the Domestic Violence Free Zone Initiative (DVFZ) to raise awareness about domestic violence and to increase services available in Cambridge.

For the past decade, Cambridge Health Alliance has provided support and staffing to the DVFZ initiative. The citywide violence prevention coordinator, based at the Cambridge Public Health Department, oversees the initiative. The coordinator works collaboratively with municipal and community-based organizations to secure funding for new programs, reduce and prevent domestic violence incidents through education and training, and support residents affected by violent crime. The effectiveness of these activities is evaluated through data collection, analysis, and research.

Alliance staff continue to explore ways to better respond to patients who are victims of domestic violence. For more than 20 years, the Victims of Violence Program has provided evaluation and treatment for individuals who have experienced trauma. Through its Community Crisis Response Team, the program also provides outreach to groups affected by violence.

More recently, the Alliance implemented universal screening for domestic violence at its six family planning clinics in Cambridge. The health department provided training, resources, and consultation to family planning counselors to develop a universal screening tool and protocol. The Alliance is currently working to improve screening across the organization.
2005 Highlights

- **Staff Trainings:** DVFZ members provided extensive training and consultation to staff from city child care centers, hospitals, homeless shelters, schools, and the public housing authority. Trainings focused on identifying victims of domestic violence and helping them access community support services.

- **Men of Color Focus Groups:** The Alliance’s Men of Color Health Initiative, in partnership with the City Council, conducted focus groups on domestic violence at neighborhood barbershops that primarily serve Caribbean-born men. Alliance staff will use this information to design culturally appropriate awareness campaigns and interventions.

- **Hospital Initiatives:** In September, the Alliance received a $31,000 grant from the Massachusetts Executive Office of Public Safety to provide computerized domestic violence screening for all patients at its women’s health clinics in Cambridge and Somerville, as well as on-site follow-up for victims.
Health Disparities

Health disparities exist in the United States among different groups of people, as defined by race or ethnicity, gender, disability status, sexual orientation, geography, and socioeconomic status. The following data focus on major chronic diseases and their associated risk factors.

Cardiovascular disease is the leading cause of death in Cambridge.

**Figure 1**

![Bar chart showing major cardiovascular disease mortality in Cambridge by race/ethnicity, 1999–2002. The chart compares age-adjusted death rates per 100,000 people for Black and White residents in Cambridge and Massachusetts. The data show that Black residents in Cambridge have a higher mortality rate from cardiovascular disease than White residents.](chart)

Note: Cambridge residents who died from major cardiovascular disease between 1999 and 2002 included 109 black residents and 716 white residents.


Black residents in Cambridge and Massachusetts have a higher mortality rate from cardiovascular disease than white residents.
Black females have a higher mortality rate from cardiovascular disease than white females. Black males have a slightly lower mortality rate than white males.

High blood pressure and high cholesterol are two major risk factors for cardiovascular disease.

A higher proportion of black and Hispanic residents report being diagnosed with high blood pressure than white or Asian residents.
About one third of black and Hispanic residents report being diagnosed with high blood cholesterol compared to 29% of white residents and 20% of Asian residents.

Cancer is the second leading cause of death in Cambridge.
Lung cancer accounted for 28% of all cancer deaths among Cambridge residents between 1999 and 2002.

Black residents in Cambridge and Massachusetts have a higher overall mortality rate from cancer than white residents.
Note: Cambridge residents who died from all cancers between 1999 and 2002 included 39 black females, 275 white females, 46 black males, and 233 white males.


Of the groups represented in figure 6, black males have the highest cancer mortality rate, while black females have the lowest.

Top Five Types of Cancer Deaths in Cambridge 1999–2002
- Lung
- Colorectal
- Breast
- Pancreas
- Prostate

Source: Massachusetts Department of Public Health

The lung cancer mortality rate among black and white residents in Cambridge and Massachusetts is similar.
Current Smoking Status Among Adults by Race/Ethnicity, 2002

Smoking tobacco is the primary risk factor for lung cancer. Among Cambridge adults, a greater proportion of black residents report that they are current smokers than white, Hispanic, and Asian residents.

In Massachusetts, a greater proportion of white and Hispanic residents report that they are current smokers than black residents.


Black males in Cambridge have a higher lung cancer death rate than white males. Black females in Cambridge have a lower lung cancer death rate than white females.
Note: Data based on BMI-for-age data from 4,116 students.
Source: Cambridge Public Schools; Physical Education Department, 2005; Institute for Community Health.

Cambridge children who are black or Hispanic are more likely to be overweight than white or Asian children.
The rate of diabetes hospitalizations among black and Hispanic residents in Cambridge and Massachusetts is higher than among white and Asian residents.

The rate of asthma hospitalizations among white, black, Hispanic, and Asian populations in Cambridge is lower than that of white, black, Hispanic and Asian populations in Massachusetts.

Type 2 diabetes, which is linked to obesity and physical inactivity, accounts for 90% to 95% of diabetes cases in the United States. Nationwide, black, Hispanic, and American Indian adults are disproportionately affected by diabetes.
Alliance Programs & Activities

Cambridge is an ethnically, culturally, and economically diverse city. Residents collectively speak 46 different languages. People born in foreign countries comprise about a quarter of the city’s population. Poor residents and people who belong to certain ethnic and racial groups experience higher rates of some diseases than other groups in Cambridge.

Cambridge Health Alliance is committed to reducing cultural and ethnic barriers to care. The Multilingual Interpreting Program provides more than 10,000 interpreter encounters a month at Alliance sites. Other programs that address health disparities include the Men of Color Health Initiative, Health Care for the Homeless, culturally specific linguistic mental health teams, the Volunteer Health Advisors Program, and numerous staff development programs.

2005 Highlights

• Outreach to Communities of Color: The Alliance’s Community Affairs Department has trained more than 300 “volunteer health advisors” from different ethnic and cultural backgrounds to educate people in their communities about the importance of preventive care and how to navigate the health care system. In 2005, 19 Cambridge residents served as “volunteer health advisors” and participated in 41 community events in the city. As a result of their efforts, 413 people were screened for high blood pressure, high cholesterol, glucose levels, and other conditions.

• Educational Tool for Maternity Patients: The Alliance introduced patient education software for new mothers with low literacy or limited English language skills. Through interactive computer touch screen technology, new
mothers learn how to care for their infants. The maternity “module” is available in English, Spanish, Portuguese, and Haitian Creole. A similar education module for tuberculosis patients was introduced in 2004.

• **Mental Health Disparities Research:** The National Institute of Mental Health awarded a five-year, $4.5 million grant to the Alliance’s Center for Multicultural Mental Health Research to establish an Advanced Center for Latino and Mental Health Systems Research. The new center will focus on research that addresses ethnic and racial disparities in mental health service utilization and in mental health status.