



City of Cambridge Community Health Assessment, May 2014

Executive Summary

Introduction

In 2013, the Cambridge Public Health Department launched a major initiative to better understand the health needs of the community and develop programs and policies to address these needs. This process included conducting a community health assessment to provide a portrait of the community's health and then developing a community health improvement plan to identify areas of action. This collaborative, participatory community health assessment-community health improvement plan process had several overarching goals, including:

1. Complete a comprehensive community health assessment that will identify the city's strengths and challenges in providing a healthy environment for all residents and workers
2. Develop a community health improvement plan that will serve as a blueprint for improving the health of the city over the next five years
3. Engage partners, organizations, and individuals in creating a vision for a healthy Cambridge and making that vision a reality
4. Position the Cambridge Public Health Department to become a nationally accredited health department

This report presents the community health assessment, per the first goal of this process, which examined the current health status of Cambridge residents and explored the health-related challenges, experiences, and priorities of Cambridge residents within the social context of their community.

Methods

The community health assessment utilized a participatory, collaborative approach to look at health in its broadest context, specifically the larger social and economic factors that have an impact on health as well as how these characteristics disproportionately affect certain populations. Community health assessment methods included:

- *Secondary Data Review*: Analysis of existing social, economic, and health data collected by local and state agencies.
- *Community Health Assessment Survey*: Administration of a brief survey to examine key health concerns of those who live, work, or spend time in Cambridge, their access to services, and priorities for health. The survey was completed by 1,627 respondents.
- *Focus Groups and Interviews*: Eight focus groups with community residents and eighteen interviews with community stakeholders were conducted with a range of participants, including low-income residents, youth, seniors, immigrant women and families, American-born Black residents, wellness professionals, and representatives from the city council, the police department, faith-based community, disabilities community, human services, public schools, and other sectors. Ultimately, the qualitative research engaged over 90 participants.

Key Findings

The following provides a brief overview of key findings that emerged from this assessment.

Demographics

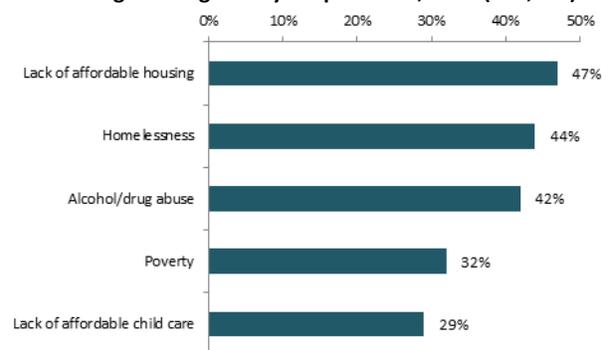
- **Population:** In 2010, the total population of the City of Cambridge was estimated to be 105,162, up 3.8% from 2000 (101,355 residents). Cambridge showed slightly more growth than Middlesex County (2.6%) and Massachusetts (3.1%).
- **Age Distribution:** Quantitative data show Cambridge has a higher proportion of residents who are 18-24 years old (17.9%) and 25-34 years old (28.1%) compared to Middlesex County or Massachusetts overall. Furthermore, Cambridge (16.8%) has fewer households with children under 18 years old than the county (29.4%) and state overall (28.6%).
- **Racial and Ethnic Diversity:** Residents reported that Cambridge is racially, ethnically, and linguistically diverse which was viewed as a strength of the community. Quantitative data show the non-White population of Cambridge is 40.1%, with the largest proportions comprised of Asian residents (14.7%) followed by Black residents (11.1%) and Hispanic residents (7.6%). Census data reveal racial/ethnic diversity is greater among youth: over half of Cambridge residents under 18 years old identify as a race or ethnicity other than White. Additionally, more than 3 in 10 Cambridge residents speak a language other than English at home. In the 2012-2013 academic year data, 63 different languages were spoken among Cambridge Public School students.
- **Educational Attainment:** Participants reported that education in Cambridge was strong and pointed to prestigious colleges and universities and an intellectual culture as key strengths of the community. Likewise, quantitative results show high educational attainment among Cambridge residents overall, with almost three-fourths earning a college degree or more (73.3%), compared to 49.9% at the county level, and 38.8% at the state level.
- **Income, Poverty, and Employment:** Many focus group and interview participants described Cambridge as a city with both affluence and poverty. Quantitative data indicate that the median household income in Cambridge (\$69,259) was approximately 20% lower than for the county overall, though higher than the state overall. Approximately 20% of all community health assessment survey respondents and 30% of Black community health assessment survey respondents identified lack of employment opportunities as a top social and economic concern that affects health in Cambridge.

“Cambridge is a unique and wonderful city because of its diversity. As a minority, the open-mindedness, political access, the way we interact with one another are the qualities that attract me the most living here.”
—Survey respondent

Social and Physical Environment

- **Physical and Built Environment:** Focus group and interview participants cited many environmental assets of the community including beautiful parks, green space, recreational opportunities, and densely packed commercial districts with thriving retail in the city of Cambridge.
- **Housing and Homelessness:** Two main concerns mentioned by many assessment participants was the lack of affordable housing across the city for all income brackets and the homeless population in Cambridge. Census data reveal that 4 in 10 residents in Cambridge who rent spend at

Top Social/Economic Concerns that Affect Health in Cambridge among Survey Respondents, 2013 (n=1,627)



DATA SOURCE: Cambridge Community Health Assessment Survey, 2013.

least 35% of their household income on housing costs. Focus group and interview participants also discussed homelessness in some specific parts of the city, such as Central Square, as being an overall community concern.

- **Transportation:** Transportation in Cambridge was viewed as multi-modal, in that residents drove, biked, walked, and took public transportation around the city. However, survey participants identified safe interactions between cars, bikes, and pedestrians as an important issue related to quality of life and health.
- **Environmental Quality:** Poor air quality and housing conditions and their impact on asthma were health issues mentioned by several interviewees and focus group residents, particularly those living in public housing.
- **Crime and Safety:** Some Cambridge residents expressed concerns about personal safety in their neighborhoods, especially at night. However, quantitative data indicate that crime rates have been decreasing in the city of Cambridge over the last several years.

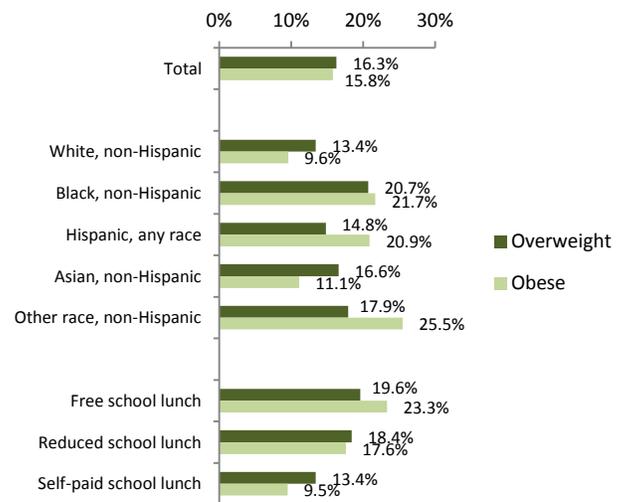
Community Strengths and Assets

- **Community Engagement:** Many assessment participants noted that residents are engaged in their community, have a high level of civic activism, and have high expectations of their city in return.
- **Organizations and Services:** A common theme across focus groups and interviews was the large number of services provided to Cambridge residents, and some saw this as a rather unique asset of their city. Focus group participants named a long list of services and programs when talking about community organizational resources including youth sports, programs for the homeless, and the Men’s Health League, as well as recent city initiatives such as upgrading of the waterworks system, climate change planning, and the aging in place initiative.

Health Behaviors and Outcomes

- **Perceived Community and Individual Health Status:** Overall, survey participants viewed Cambridge as a healthy city. However, they identified barriers to health care access, aging-related conditions, overweight/obesity, and mental health as the issues most directly affecting their lives.
- **Leading Causes of Mortality and Premature Mortality:** The leading causes of death and premature death (before age 75 years old) are heart disease and cancer. Mental disorders are the third leading cause of premature death in Cambridge.
- **Healthy Eating, Physical Activity, and Overweight/Obesity:** Focus group participants and interviewees reported that Cambridge is a city that has embraced healthy eating and physical activity, with a number of community resources that encourage exercise and a variety of healthy eating options. Although data show that weight is trending downward among Cambridge public school children, there continue to be disproportionately higher rates of obesity among minority and lower income youth.
- **Chronic Disease:** Chronic conditions such as heart disease, diabetes, asthma, and cancer were discussed in several focus groups as affecting individuals and their families personally and were

Percentage of Overweight or Obese Youth in Cambridge Public Schools, by Race and Ethnicity and Lunch Status, 2011-2012



DATA SOURCE: Cambridge Public Health Department, Cambridge Youth Weight Surveillance, 2011-2012.

NOTE: Students were classified based on BMI percentiles, with overweight defined as BMI ≥85th and <95th percentile and obese defined as BMI ≥95th percentile.

mentioned specifically in relation to conversations about obesity, health care access, housing conditions, and air quality. When top health concerns directly affecting survey respondents were stratified by race and ethnicity, diabetes was found to be a specifically strong issue among African-American survey respondents.

- **Substance Use and Abuse:** Substance use, particularly as it relates to use among youth and the homeless, was mentioned frequently as a health concern in the community by focus group participants, interviewees, and survey respondents. Residents reported public alcohol abuse which they largely attributed to the university culture and the homeless population and commented that this culture of acceptance was a detriment to the city and its residents.
- **Mental Health:** A number of focus group respondents and interviewees cited concerns about mental health issues in the community, including depression and anxiety, academic stress experienced by college students, and mental health disorders among the homeless. Lack of services, reduction of beds in some facilities, and stigma were identified as barriers to mental health care.
- **Oral Health:** Some residents, particularly seniors and immigrants, reported challenges to obtaining dental care, including difficulty finding a dentist, experiencing long wait times for appointments, and being charged substantial out-of-pocket costs. When top health concerns directly affecting survey respondents were stratified by race and ethnicity, oral health was a specific concern among Asian survey respondents.
- **Sexual Health:** Although risky sexual behaviors were not prominently discussed in focus groups and interviews, a few participants mentioned concerns about teenage pregnancy. Yet, quantitative data show that Cambridge's teen birth rate is approximately five times lower than that reported for Massachusetts (3.8 vs. 19.5 per 1,000 women aged 15-19).
- **Maternal and Infant Health:** 84.3% of Cambridge mothers receive adequate prenatal care, a rate generally similar to the state. Overall, 8.1% of babies born in Cambridge are low birth weight.
- **Infectious Disease:** Hepatitis C, Hepatitis B, and food-borne infections such as Campylobacteriosis, Salmonellosis, and Giardiasis are the most commonly reported infectious diseases among Cambridge residents, other than sexually transmitted infections.

“There is a lack of knowledge about mental health and a reluctance to use mental health services and seek mental health treatment, especially among new immigrants.”
—Key informant interview participant

Healthcare Access and Utilization

- **Resources and Use of Health Care Services:** Cambridge residents discussed the health care services in the city positively, related to both their quantity and the quality. The city houses six primary care locations and two acute care hospitals (Mount Auburn Hospital and Cambridge Hospital).
- **Challenges to Accessing Health Care Services:** When asked about access to health care services, respondents acknowledged that while the region has many medical services, barriers to care exist for some residents, including high out-of-pocket costs for care including health insurance, long wait times and lack of after-hours care, language and cultural barriers, and limited mental health services. When examining specific concerns among survey respondents of different races/ethnicities, findings show 30% of Asian respondents identified cultural differences with their providers as a concern in accessing care, 23% of African American respondents cited discrimination by their provider, and 26% of Hispanic respondents said that they were afraid to go to the doctor.

Residents' and Leaders' Vision for the Future

- **Vision for the Future:** Interviewees were asked about the gaps in current programs and services and their vision for a healthier Cambridge. Some large themes emerged, specifically the need to increase affordable housing and address homelessness. Several participants also reported a need to continue to monitor and adapt to environmental changes and disasters, while others saw a need for continued efforts to develop a monitoring system to assess community health. Residents also

wished for more opportunities to be physically active and eat healthier, more health education, more support for youth and seniors, and continued involvement across the various sectors of the community in advancing community health.

Key Overarching Themes and Conclusions

Based on secondary social, economic, and health data, discussions with residents and leaders, and a community survey, this assessment report provides an overview of the social and economic environment of Cambridge, the health conditions and behaviors that most affect the city's residents, and the perceptions on strengths and gaps in the current health care and public health environment. Several overarching themes emerged from this synthesis:

- **Assist All Cambridge Residents, Workers, and Visitors to Live Healthy and Fulfilling Lives.** Most residents described their city positively, with substantial diversity, many services and assets, excellent government, and an innovative and “*progressive*” mentality. However, respondents also expressed concern that some in this largely affluent and successful community struggle. Population groups most at-risk were identified as youth, seniors, immigrants, and low income residents. More employment options and social services, bilingual patient navigators and outreach workers, and expanded intergenerational initiatives were viewed as important opportunities moving forward.
- **Strengthen the Focus on Healthy Living and Disease Prevention.** The city's focus on healthy living was a prominent theme in focus groups and interviews with residents reporting a wide variety of opportunities to be physically active and an array of healthy eating options. Still, despite the city's many assets and efforts to promote a healthy lifestyle, Cambridge residents and leaders did frequently mention obesity and related chronic diseases as health concerns for the community. Participants saw future opportunities addressing healthy eating and active living throughout the lifespan through multiple venues—clinical programs, education, social norms, the built environment, systems change, and policy.
- **Enhance Efforts to Address Substance Abuse and Mental Health Issues.** Assessment participants saw substance abuse and mental health as important priorities for the city. They were concerned about the use of prescription drugs, marijuana, and alcohol among teens and young adults, and depression and anxiety among the socially isolated elderly, immigrants, and adolescents. Mental disorders and substance abuse among the homeless population were also cited as concerns. While they knew of many health resources, focus group and interview participants stated that more services for mental health and substance use were needed, including counseling and support group services, better integration of primary and mental health care, and the need to address the stigma associated with mental health and substance use that often discourages people from seeking care.
- **Promote and Maintain Access to Quality Healthcare.** City residents overall enjoy good health and access to high quality health care, although barriers still exist in accessing services. Challenges to accessing care identified were high out-of-pocket costs for care including health insurance, lack of after-hours care, and language and cultural barriers, among others. Areas noted for further opportunity to improve access to health care services included greater coordination of care across multiple providers, public health-health care integration, more dental care and mental health safety net providers, and a focus on prevention throughout the health care system.
- **Engage All Sectors of the Cambridge Community in Efforts to Promote a Healthy Community Environment.** City departments and community organizations were viewed as highly collaborative and innovative in their approaches to the city's challenges. Community residents also were engaged and eager to be involved in all aspects of community initiatives. When discussing future planning activities, assessment participants cited the existing collaborative organizational partnerships and the engagement and activism of the city's population as important strengths on which future efforts should build. In particular, improving engagement of the universities and employers in the city was specifically noted as important as well as ensuring that a range of organizations and community residents continue to be involved in future efforts.