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The City of Cambridge

Community Health Assessment

CAMBRIDGE PUBLIC HEALTH DEPARTMENT

Cambridge Health Alliance

Submitted by:

Health Resources in Action

Advancing Public Health and Medical Research

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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%).

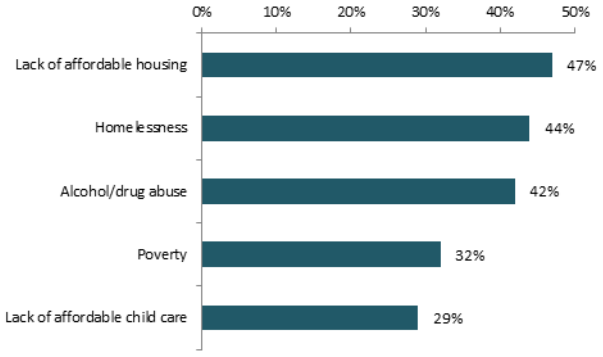
"Cambridge is a unique and wonderful city because of its diversity. As a minority, the open-mindedness, political access, the way we interact with one another are the qualities that attract me the most living here."
—Survey respondent

- **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.

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

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



DATA SOURCE: Cambridge Community Health Assessment Survey, 2013.

residents in Cambridge who rent spend at 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.

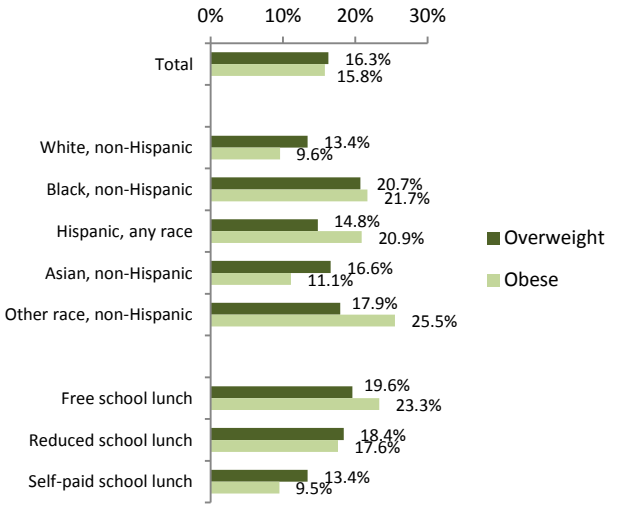
Community Strengths and Assets

- **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.

"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

- **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.

<u>Healthcare Access and Utilization</u>

- **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.

<u>Residents' and Leaders' Vision for the Future</u>

- **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.

INTRODUCTION

Being a healthy city is about more than delivering quality health care to residents. Where you live, learn, work, and play all have an enormous impact on health. Understanding our community's current health status—and the multitude of factors that influence health—is important for identifying future priorities, existing strengths and assets upon which to build, and areas for further collaborative efforts.

The Community Health Assessment-Community Improvement Plan Initiative

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 (for a map of the City of Cambridge, please refer to Appendix A). This process includes 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 has 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 document examines the current health status of Cambridge residents and explores the health-related challenges, experiences, and priorities of Cambridge residents within the social context of their community, per the first goal of this process.

Advisory Structure and Engagement Process

The community health assessment is Cambridge's opportunity to engage the community and stakeholders in gathering information and input on a wide range of issues that have an impact on health. A multi-sector advisory group of 18 stakeholders guided the process. In addition to giving input for the community health assessment, the Community Health Advisory Group will be instrumental in developing the city's Community Health Improvement Plan. (See Appendix B for a list of Advisory Group members.)

The Cambridge Public Health Department led the community health assessment effort, with guidance from the multi-sector advisory group and an internal Cambridge Public Health Department Steering Committee. (See Appendix C for a list of Cambridge Public Health Department Steering Committee members.) This process was conducted in partnership with numerous community organizations that were essential in reaching out to residents to engage them in focus group discussions and for providing feedback on the community survey.

Additionally, in spring 2013, the Cambridge Public Health Department hired Health Resources in Action (HRiA), a non-profit public health organization, as a consultant partner to provide strategic guidance and technical assistance for the community health assessment process. This included providing input on data collection instruments, administering a focus group facilitation training for community partners, analyzing data, and developing the final community health assessment report.

Health Department Accreditation

The community health assessment and community health improvement planning process are essential elements of the public health accreditation process. The Cambridge Public Health Department is currently seeking voluntary accreditation as part of a broader initiative to strengthen agency performance, assure the quality of departmental services, and determine that health department activities reflect the needs of the community. National public health accreditation consists of an adoption of a set of standards, a process to measure health department performance against those standards, and recognition for those departments that meet the standards. National public health accreditation involves a rigorous peer-reviewed process and is bestowed by the Public Health Accreditation Board, a non-profit organization that was developed in 2007 as a result of strategic discussions among national foundations such as the Robert Wood Johnson Foundation and federal agencies such as the Centers for Disease Control and Prevention on the importance of developing a public health department accreditation process.

Adherence to national standards will benefit the Cambridge Public Health Department and the community in multiple ways, including identifying the needs of residents and how to address them, providing a framework for the health department to provide the highest quality services possible, and positioning the city for future public health funding opportunities. Accreditation provides a means for a public health department to identify performance improvement opportunities, enhance management, develop leadership, and strengthen relationships with members of the community. The Cambridge Public Health Department is one of only a few public health departments in Massachusetts currently seeking accreditation.

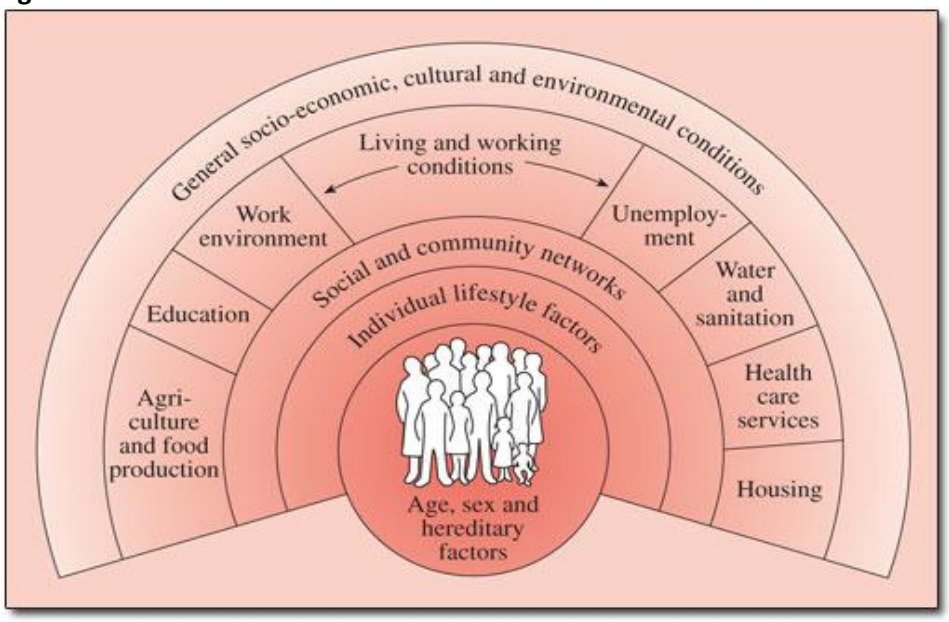
METHODS

The following section describes how the data for the Cambridge community health assessment were compiled and analyzed, as well as the broader lens used to guide this process. Specifically, the community health assessment defines health in the broadest sense and recognizes that numerous factors at multiple levels impact a community's health — from lifestyle behaviors (e.g., diet and exercise) to clinical care (e.g., access to medical services) to social and economic factors (e.g., employment opportunities) to the physical environment (e.g., air quality).

SOCIAL DETERMINANTS OF HEALTH FRAMEWORK

Where we are born, grow, live, work, and age—from the environment in the womb to our community environment later in life—and the interconnections among these factors are important considerations for individual and population health. In addition to genes and lifestyle behaviors, health is also influenced by upstream factors such as educational attainment and working conditions. The social determinants of health framework, shown in Figure 1, illustrates this relationship.

Figure 1: Social Determinants of Health Framework



DATA SOURCE: World Health Organization, Towards a Conceptual Framework for Analysis and Action on the Social Determinants of Health: Discussion Paper for the Commission on the Social Determinants of Health, 2005.

HEALTH EQUITY LENS

In addition to considering what the social determinants of health are, it is important to understand how they disproportionately affect underserved populations. Health equity is defined as all people having "the opportunity to 'attain their full health potential' and no one is 'disadvantaged from achieving this potential because of their social position or other socially determined circumstance.'"[1]

A robust assessment of the larger social and economic factors affecting a community (e.g., housing, employment status, the built environment, etc.) should capture the disparities and inequities that exist

[1] Braveman, P.A., Monitoring equity in health and healthcare: a conceptual framework. *Journal of Health, Population, and Nutrition*, 2003. 21(3): p. 181.

for traditionally underserved groups. According to Healthy People 2020, a science-based platform that provides 10-year national objectives for improving the health of all Americans, achieving health equity requires focused efforts at the societal level to address avoidable inequalities, especially among those who have experienced socioeconomic disadvantage or historical injustices. A health equity lens guided the community health assessment process to ensure data comprised a range of social and economic indicators and were presented for specific population groups.

DATA COLLECTION METHODS

Quantitative Data

Reviewing Existing Secondary Data

This community health assessment builds off of the comprehensive local data collected by City of Cambridge agencies and organizations, such as the Cambridge Public Health Department, Cambridge Police Department, Cambridge Community Development Department, and Cambridge Public Schools. Additional secondary data were also included in this report from sources such as the Massachusetts Department of Public Health, U.S. Bureau of the Census, U.S. Bureau of Labor Statistics, and the University of Wisconsin Population Health Institute's County Health Rankings, among others.

Community Survey

A community survey was developed and administered to those who live, work, or spend time in the City of Cambridge to gather quantitative data that were not provided by secondary sources and to understand public perceptions around a range of health issues. The survey asked respondents about key social, economic, and health concerns, access to services, and experiences with the public health and health care system. (See Appendix D for a copy of the survey instrument.) The survey was available primarily online, with some hard copies distributed at community events via outreach workers. City of Cambridge partners disseminated the survey link via their networks (e.g., sending an email announcement out to their contacts and organizational email databases) and local media. Additionally, staff and volunteers from organizations were asked to disseminate the survey in hard copy format to their clients or community residents.

A total of 1,627 respondents completed the survey. Table 1 shows the distribution of survey respondents by key demographic characteristics and how they compare to the overall Cambridge population. When compared to U.S. Census data, survey respondents were similar to the overall Cambridge population on many characteristics, though survey respondents were more likely to be female.

Table 1: Cambridge Community Health Assessment Survey Respondents (n=1,627) as Compared to the Cambridge Population Overall

	Survey Respondents	Cambridge Population
		American Community Survey 3-Year Estimate, 2009-2011
Gender		
Male	24.6%	48.1%
Female	75.1%	51.8%
Transgender	0.4%	--
Race		
White	66.1%	67.5%
Black or African American	15.1%	11.1%
Asian	10.6%	14.7%
Native Hawaiian or Other Pacific Islander	0.4%	0.0%
American Indian or Alaskan Native	0.7%	0.2%
Other	8.0%	6.7%
Ethnicity - Hispanic/Latino	7.1%	7.6%
Educational Attainment		
HS Diploma or Less	14.6%	16.8%
Some College or Associate's Degree	13.3%	9.9%
College graduate or more	72.0%	73.3%
Primary Language Spoken at Home		
English	79.8%	68.5%
Spanish	3.1%	6.0%
Portuguese	0.9%	1.8%
Amharic	2.3%	--
Haitian Creole	3.6%	3.0%
Other *(most commonly specified "other" languages were Arabic, Bengali, Chinese, Hindi, Japanese, and Nepali)*	10.4%	--
		Cambridge Community Development Department, 2010
Neighborhood of Residence		
East Cambridge	9.3%	8.8%
Area 2-MIT	2.5%	4.8%
Wellington-Harrington	3.0%	6.2%
Area 4	10.6%	6.5%
Cambridgeport	14.6%	11.6%
Mid-Cambridge	9.4%	12.4%
Riverside	4.9%	12.1%
Agassiz	2.3%	4.7%
Neighborhood Nine	3.6%	10.8%
West Cambridge	9.6%	7.6%
North Cambridge	20.9%	11.3%
Cambridge Highlands	0.8%	0.8%
Strawberry Hill	1.7%	2.4%
Other	4.5%	--
		American Community Survey 3-Year Estimate,

		2009-2011
Employment Sector		
Arts, entertainment, and recreation, and accommodation, and food services		6.1%
Arts, entertainment, media	2.6%	
Food services (restaurants, grocery stores, markets)	2.6%	
Sports and recreation	0.4%	
Professional, scientific, and management, and administrative, and waste management services		21.3%
Biotechnology, pharmaceutical	1.8%	
Research and development	1.8%	
Construction		1.2%
Construction and building trades	0.2%	
Educational services, and health care, and social assistance		40.2%
Education: preschool, primary school, or secondary school	11.1%	
Education: university or college	8.2%	
Health care	15.9%	
Social and human services	5.6%	
Service occupation (childcare, personal care, security, cleaning, landscaping)	2.0%	
Financial, accounting, insurance, real estate services	0.9%	6.1%
Public Administration		3.4%
Government (city, state, federal)	15.4%	
Manufacturing and industry	0.2%	5.5%
Automobile maintenance and repair	0.1%	
Retail and wholesale	2.0%	7.0%
Information		3.5%
Technology, software, engineering, IT	2.5%	
Transportation, and warehousing, and utilities		1.6%
Transportation (buses, taxicabs, subways, trains)	0.8%	
Utility, communication, internet company	0.0%	
Other	12.0%	4.0%
Faith-based organizations	1.1%	--
Legal services	1.2%	--
Non-profit organizations	11.6%	--
		American Community Survey 3-Year Estimate, 2009-2011
Employment Status		
Employed for wages	64.4%	64.2%
Self-employed	9.1%	5.9%
Out of work for more than 1 year	3.2%	--
A homemaker	1.3%	--
A student	7.0%	30.6%
Retired	5.2%	8.9%
Unable to work	6.7%	--

DATA SOURCES: Cambridge Community Health Assessment Survey, 2013; U.S. Census American Community Survey 3-Year Estimates, 2009-2011; Cambridge Community Development Department, 2010.
NOTE: "--"indicates that categories are not consistent with U.S. Census American Community Survey 3-Year Estimates data

Qualitative Data: Focus Groups and Interviews

During May-August 2013, focus groups and interviews were conducted by Cambridge Public Health Department staff and partners to gather feedback on community members' and leaders' priority health concerns, community challenges to addressing these concerns, community strengths, and opportunities for the future. These qualitative discussions engaged over 90 participants.

Eight focus groups were conducted, which spanned age and other demographic characteristics. Groups represented a range of populations, including low-income residents, youth, seniors, immigrant women and families, men, American-born black adults, and wellness professionals. A semi-structured focus group guide, found in Appendix E, was used across all focus groups to ensure consistency in the topics covered. Participants for the focus groups were recruited by community partners and outreach workers and discussions were led by organizational partners with the goal of engaging a cross-section of residents.

In addition to the focus groups with community members, the community health assessment included discussions with community and organizational leaders. Eighteen interviews were conducted with numerous leaders in community agencies and organizations. These discussions included individuals representing the city council, the police department, faith-based community, disabilities community, human services, public schools, higher education, and business. Discussions explored the health-related needs and strengths of the community and specifically opportunities for addressing these issues. The interview guide can be found in Appendix F.

Analyses

The secondary data, qualitative data from interviews and focus groups, and survey data were synthesized and integrated into this community health assessment report. The collected qualitative information was coded and then analyzed thematically for main categories and sub-themes. Data analysts identified key themes that emerged across all groups and interviews as well as the unique issues that were noted for specific populations. Frequency and intensity of discussions on a specific topic were key indicators used for extracting main themes. Selected paraphrased quotes from detailed notes—without personal identifying information—are presented in the narrative of this report to further illustrate themes within topic areas.

Limitations

As with all research efforts, there are several limitations related to the assessment's research methods that should be acknowledged.

<u>Secondary Data</u>

As secondary data are gathered from a multitude of sources, it should be noted that the most recent year of data available differs depending on the data source and health topic. Furthermore, data based on self-reports should be interpreted with particular caution. In some instances, respondents may over- or underreport behaviors and illnesses based on fear of social stigma or misunderstanding the question being asked. In addition, respondents may be prone to recall error—that is, they may attempt to answer accurately but remember incorrectly. In some surveys, reporting and recall error may differ according to a risk factor or health outcome of interest. Despite these limitations, most of the self-report surveys included in this report benefit from large sample sizes and repeated administrations, enabling comparison over time.

Cambridge Community Health Assessment Survey

Another limitation is the sampling methodology used by the community health assessment survey (dissemination online and via community organizations). This survey used a convenience sample rather than a random or probability sampling methodology; therefore, the sample may not be representative of the larger population. While racial/ethnic demographic characteristics of the survey respondents indicate respondents were similar to the distribution of residents overall, the sample may not be representative since it was not randomly selected.

Focus Groups

While the focus groups conducted for this assessment provide valuable insights, results are not statistically representative of a larger population due to non-random recruiting techniques and a small sample size. Recruitment for focus groups was conducted by community organizations, and participants were those individuals who were already involved in community programming. Due to this, it is possible that the responses provide one perspective on the issues discussed. Focus groups aimed to explore issues in-depth with specific sub-populations, so perspectives were not gathered across residents of many demographic and socioeconomic groups. Lastly, it is important to note that data were collected at one point in time, so findings, while directional and descriptive, should not be interpreted as definitive.

FINDINGS

DEMOGRAPHICS

This section describes the population of the City of Cambridge. Numerous factors are associated with the health of a community including the availability of resources and services (e.g., safe green space, access to healthy foods, transportation options) as well as who lives in the community. While individual characteristics such as age, gender, race, and ethnicity have an impact on a person's health, the distribution of these characteristics across a community is also important and can affect the number and types of services and resources available.

Population and Age Distribution

Cambridge is the fifth largest city in Massachusetts and has experienced a slight increase in population in the past decade. In 2010, the total population of the city of Cambridge was estimated to be 105,162, up nearly 4% from 2000 (101,355). As seen in Table 2, Cambridge showed slightly more growth than Middlesex County overall (3.1%) and Massachusetts (2.6%).

Table 2: Total Population by State, County, and City, 2000 and 2010

Geography	2000 Population	2010 Population	Percent Change
Massachusetts	6,349,097	6,547,629	3.1%
Middlesex County	1,465,048	1,503,085	2.6%
Cambridge	101,355	105,162	3.8%

DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, 2000 and 2010 Census.

Cambridge has residents of all ages including young families, young professionals, middle age persons, and seniors. The city has particularly large populations of students and younger professional workers, those falling in cohorts ranging from 18 to 34 years of age. The population under 18 years is one of the smallest in the state. While rapidly growing in number, those 65 years and older are also a smaller proportion of the community than is the case in much of the rest of Massachusetts.

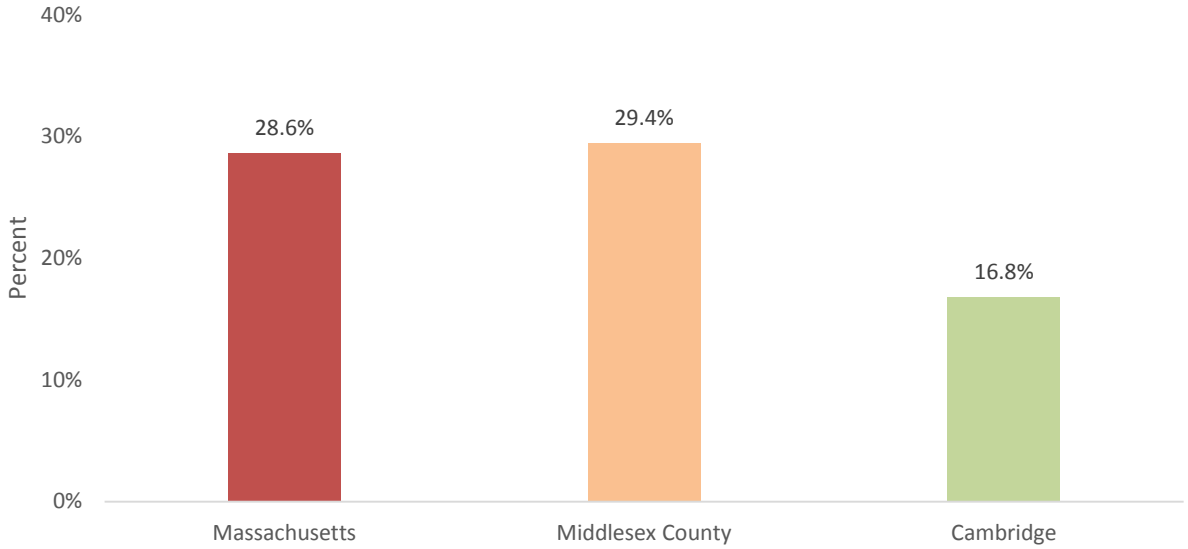
Quantitative data show that Cambridge has a higher proportion of residents who are 18-24 years old (17.9%) and 25-34 years old (28.1%) compared to Middlesex County or Massachusetts overall (Table 3). Furthermore, as illustrated in Figure 2, Cambridge (16.8%) has fewer households with children under 18 years old than the county (29.4%) and state overall (28.6%).

Table 3: Age Distribution by State, County, and City, 2009-2011

Geography	Under 18	18-24 Years	25-34 Years	35-64 Years	65 or More Years
Massachusetts	21.6%	10.3%	13.0%	41.3%	13.8%
Middlesex County	21.3%	9.5%	14.6%	41.5%	13.1%
Cambridge	12.7%	17.9%	28.1%	31.2%	10.1%

DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, American Community Survey 3-Year Estimates, 2009-2011.

Figure 2: Percentage of Households with Own Children under 18 Years old by State, County, and City, 2009-2011



DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, American Community Survey 3-Year Estimate, 2009-2011.

Racial and Ethnic Diversity

> *"People get along across ethnicities."*—Focus group participant
>
> *"Diversity of people means diversity of health issues and diversity of efforts."*
> —Focus group participant
>
> *"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

Residents reported that Cambridge is racially, ethnically, and linguistically diverse, which was viewed as a strength of the community. However, participants in the assessment differed in their perceptions on how integrated the community is. While some described it as integrated and *"welcoming,"* in the words of one focus group member, others held a different view. One focus group participant reported that there is *"a sense of Balkanization in Cambridge,"* while another remarked that some minority and immigrant populations are marginalized. One focus group member stressed that there is a need for ongoing conversation about race and class.

As illustrated in Table 4, the City of Cambridge reports more racial and ethnic diversity among its residents than Middlesex County or Massachusetts overall. The non-White population of Cambridge is 40.1%, with the largest proportion comprised of Asian residents (14.7%) followed by Black residents (11.1%). However, there is even more diversity among Cambridge youth, where nearly half of those under 18 are non-White. Table 5, which shows the racial and ethnic makeup of children under age 18, indicates that 18.4% of Cambridge youth are Black, while 13.6% are Asian and 13.4% are two or more races.

Table 4: Racial/Ethnic Composition by State, County, and City, 2009-2011

Geography	White	Black	Hispanic, any race	Asian	2 or more	Other
Massachusetts	81.0%	6.8%	9.6%	5.4%	2.6%	4.2%
Middlesex County	80.8%	4.6%	6.6%	9.4%	2.6%	2.6%
Cambridge	67.5%	11.1%	7.6%	14.7%	4.2%	2.5%

DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, American Community Survey 3-Year Estimates, 2009-2011.

Table 5: Children under Age 18 by Race and Ethnicity, and State, County, and City, 2009-2011

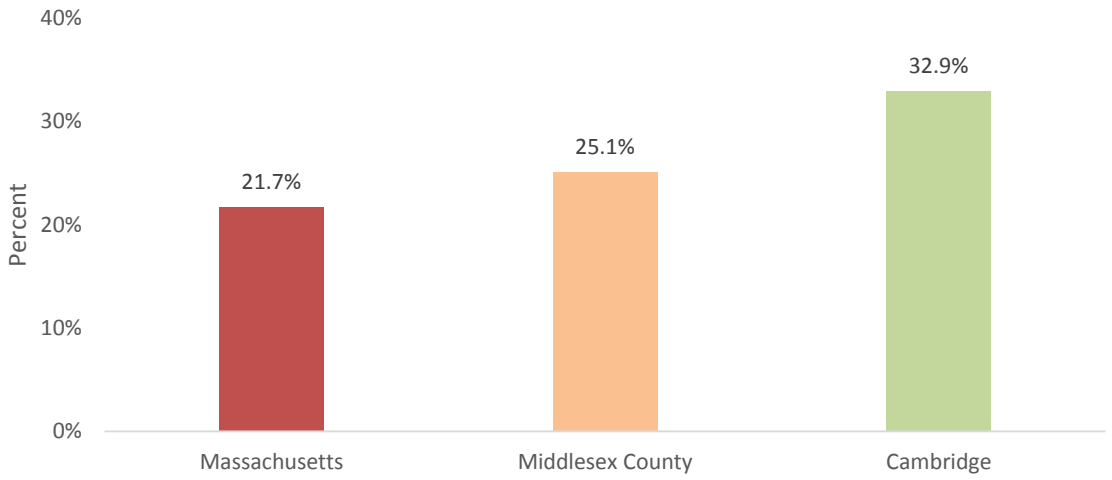
Geography	White	Black	Hispanic, any race	Asian	2 or more
Massachusetts	74.9%	8.6%	14.9%	5.6%	5.1%
Middlesex County	75.8%	5.7%	9.5%	9.9%	5.4%
Cambridge	51.7%	18.4%	8.0%	13.6%	13.4%

DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, American Community Survey 3-Year Estimates, 2009-2011.
NOTE: "Other" race data were not available for Cambridge in 2009-2011

A prominent theme in interviews and focus group discussions was the cultural and linguistic barriers immigrants faced in accessing services, including health services, as well as in obtaining employment and accessing educational opportunities. Almost one-third of Cambridge's population speaks a language other than English at home, a proportion higher than the county and state as a whole (Figure 3). The most common languages spoken by non-native English speakers are Spanish, Chinese, French or French Creole, African languages, Portuguese, and Indian languages such as Hindi and Guajarati. According to 2012-2013 Student Home Language data compiled by the Cambridge Community Development Department, a total of 63 different languages are spoken among Cambridge Public School students.

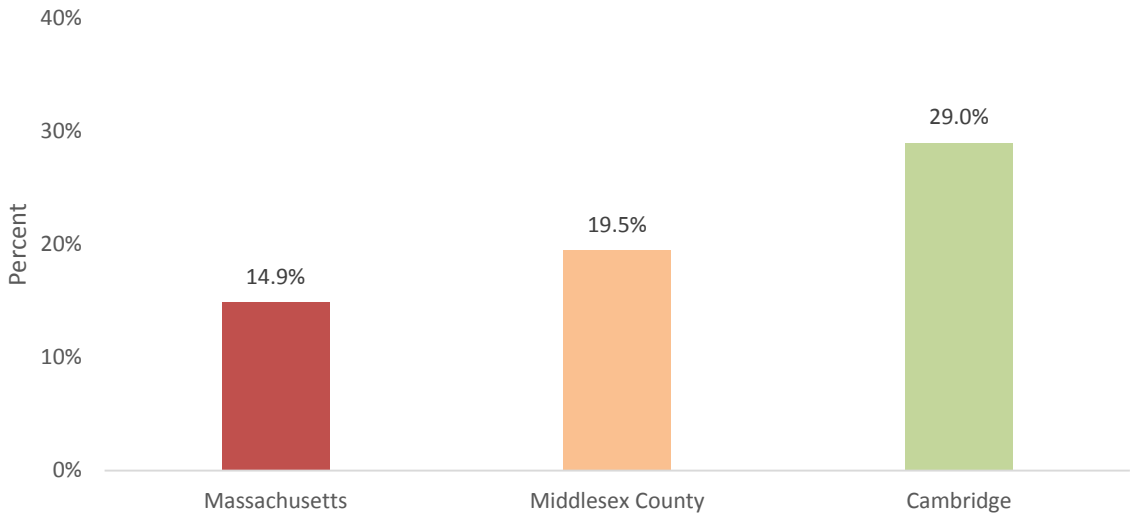
Furthermore, Figure 4 illustrates the percent of the population that immigrated to the region from abroad. The immigrant population in Cambridge comprises 29.0% of the total population, which is larger than Middlesex County (19.5%), and the state overall (14.9%).

Figure 3: Percentage of Population Who Speak Language Other Than English at Home by State, County, and City, 2009-2011



DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, American Community Survey 3-Year Estimates, 2009-2011.

Figure 4: Percentage of Population over Age 1 that Immigrated from Abroad by State, County, and City, 2009-2011



DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, American Community Survey 3-Year Estimates, 2009-2011.

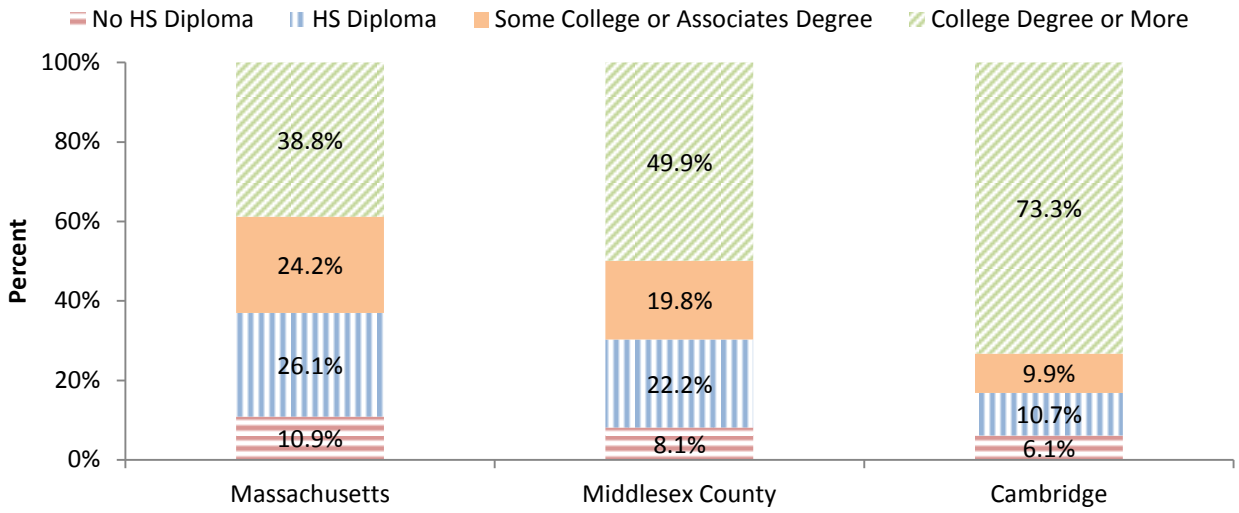
Educational Attainment

> *"For me, the top issue in Cambridge is resources for education."*—Survey respondent
>
> *"This is such a university town."*—Focus group participant
>
> *"A public health issue in Cambridge is the high absence rate [at school], particularly for low-income students."*—Survey respondent

Participants reported that quality of education in Cambridge was strong and pointed to prestigious colleges and universities and an intellectual culture as key strengths of the community. Residents frequently mentioned the quality of schools as a key strength of the city. A few assessment participants mentioned limited resources within Cambridge Public Schools; however, in the 2011-2012 academic year, the elementary and secondary expenditures per pupil in Cambridge ($27,018) was nearly twice that statewide ($13,636 per pupil).

Quantitative data show high educational attainment among Cambridge residents, 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 (Figure 5).

Figure 5: Educational Attainment among Adults 25 Years and Older State, County, and City, 2009-2011



DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, American Community Survey 3-Year Estimates, 2009-2011.

Income, Poverty, and Employment

> *"It's a city of haves and have-nots."* —Focus group participant
>
> *"Low income and new immigrant youth often fall through the cracks."* —Focus group participant
>
> *"Cambridge is wonderful if you have lots of money. The community seems to provide outreach and services for the low or no-income families. However, for [moderate income] families…there is nothing affordable about living in Cambridge."*—Survey respondent
>
> *"In a city that does have a high degree of economic wealth in some areas (young professionals, university students from wealthier backgrounds, wealthy universities), it is appalling to see certain issues related to poverty, homelessness, and discrimination (class and race based) still rampant, and to see the vast disparities created by these economic divides in the city."*
> —Survey respondent

Cambridge is a city of both affluence and poverty, and specific population groups experience the greatest economic burden. When looking at the distribution of income, quantitative data reveal that residents fall across a wide range of the income spectrum. As seen in Table 6, approximately 20% of Cambridge households earn under $25,000, while nearly half (46.3%) earn $75,000 or more.

Table 6: Distribution of Household Incomes by State, County, and City, 2009-2011

Geography	Less than $25,000	$25,000 to $49,999	$50,000 to $74,999	$75,000 to $99,999	$100,000 or More
Massachusetts	20.7%	35.7%	16.5%	12.9%	30.7%
Middlesex County	15.9%	32.1%	15.9%	13.0%	38.9%
Cambridge	20.7%	33.1%	15.7%	11.2%	35.1%

DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, American Community Survey 3-Year Estimates, 2009-2011.

Yet, income levels in Cambridge vary by household type. While the overall median household income in Cambridge is $69,259, married couples with children earn nearly twice that at $130,349 (Table 7). On the other end of the spectrum fall single parents, who earn considerably less, particularly single mothers whose median income is $22,383.

Table 7: Median Household Income by Type of Family in Cambridge, 2009-2011

Family Type	Median Income
All residents (overall median household income)	$69,259
Married couples with children	$130,349
Single men without children	$92,604
Single women without children	$46,809
Single father	$30,733
Single mother	$22,383

DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, American Community Survey 3-Year Estimates, 2009-2011.

Similar patterns emerge when looking closer at those who fall below the federal poverty line.[2] Within the city of Cambridge, certain residents are more likely to be affected by poverty than others: single-headed households, racial and ethnic minorities, residents of certain census tracts, and those with lower educational attainment. However, it should be noted that the presence of many college and graduate students living off campus may inflate the poverty rate in some ways. However, there are strong differences in family poverty, as shown in Table 8. While nearly 10% of all Cambridge families are living in poverty, more than 1 in 3 female headed households with children under age 18 are in poverty.

Table 8: Percentage of Families in Poverty in Cambridge, 2009-2011

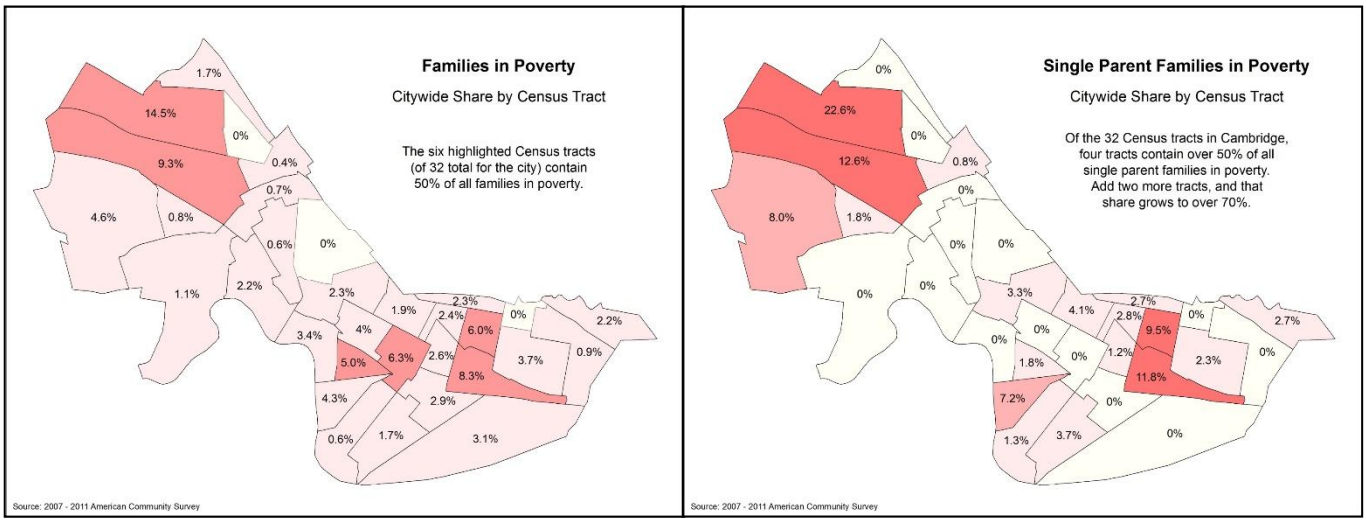
	Percent
All families	9.9%
Families with children under age 18	14.5%
Female headed families with children under age 18	35.2%

DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, American Community Survey 3-Year Estimates, 2009-2011.

Further, as illustrated by Figure 6, pockets of family poverty are concentrated in specific geographic areas. In the images below, the intensity of the red hue reflects the concentration of family poverty (all families and single parent families) by census tract–on a spectrum from darker red indicating high poverty areas, to lighter red indicating lower poverty areas, to unshaded. These images illustrate that families in certain neighborhoods, such as North Cambridge, Cambridge Highlands, Area IV, and East Cambridge, are disproportionately affected by poverty.

[2] These data discuss the percentage of individuals whose income in the past 12 months fell below the federal poverty level, which is adjusted for family size. For example, the federal poverty level is $14,657 for a family of two and $23,051 for a family of four.

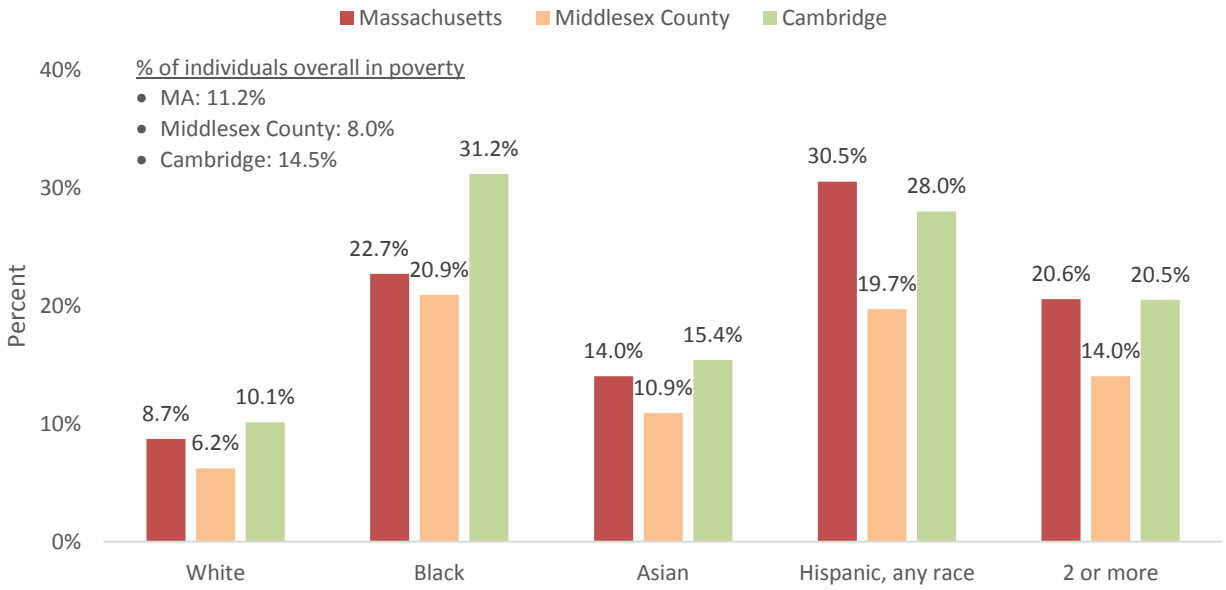
Figure 6: All Families and Single Parent Families in Poverty by Census Tract in Cambridge, 2007-2011



DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, American Community Survey 3-Year Estimates, 2007-2011. Data analyzed and maps created by the Cambridge Community Development Department.

There are also striking disparities in poverty status by race and ethnicity. Approximately 3 in 10 Black and Hispanic residents in Cambridge live in poverty (31.2% and 28.0%, respectively). This is compared to 10.1% of White residents living in poverty and 15.4% of Asian residents (Figure 7).

Figure 7: Percentage of Residents below Poverty by Race and Ethnicity and State, County, and City, 2009-2011



DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, American Community Survey 3-Year Estimates, 2009-2011.

When poverty data are stratified by educational attainment, US Census American Community Survey data reveal that the rate of poverty generally decreases as the level of educational attainment increases. Among residents who did not complete high school, approximately 26% are below the federal poverty line as compared to 8% of residents who have completed a bachelor's degree or higher.

Among primary and secondary school students, the Cambridge Community Development Department reports that in the 2013-2014 academic year, nearly half (45.4%) of Cambridge students enrolled in free or reduced lunch as compared to 38.3% statewide. However, it is important to note that even though many students may be eligible,[3] some students fail to enroll each year for a variety of reasons. Thus, the data on free/reduced price school lunch enrolled students do not accurately reflect the total number of students deemed eligible based on their household income.

In most discussions for this assessment, focus group and interview participants talked about the wide variation of income in Cambridge. One interviewee remarked with a sentiment heard in many conversations, *"many residents are upper income and doing fine, but there is a small percentage that has great needs."* Assessment focus group and interview participants perceived some groups as experiencing greater hardship financially, specifically those living in public housing, minority youth, new immigrants, and the homeless. Participants noted that the cost of living in the city is high and growing, and residents feel squeezed. Focus group participants discussed while the community has many well-paying jobs for skilled workers, they saw fewer employment opportunities for those who are less skilled. Yet, the U.S. Census American Community Survey data indicate that the overall unemployment rate for Cambridge in 2009-2011 was 6.3%, lower than what was seen statewide at 9.4%.

However, across many discussions, assessment focus group and interview participants remarked that the expanding income inequality—the gap between the wealthier and poorer residents—was a major concern in the city, observing that *"Cambridge has lost the middle class."* Some focus group participants commented on economic disparities having created tensions among residents.

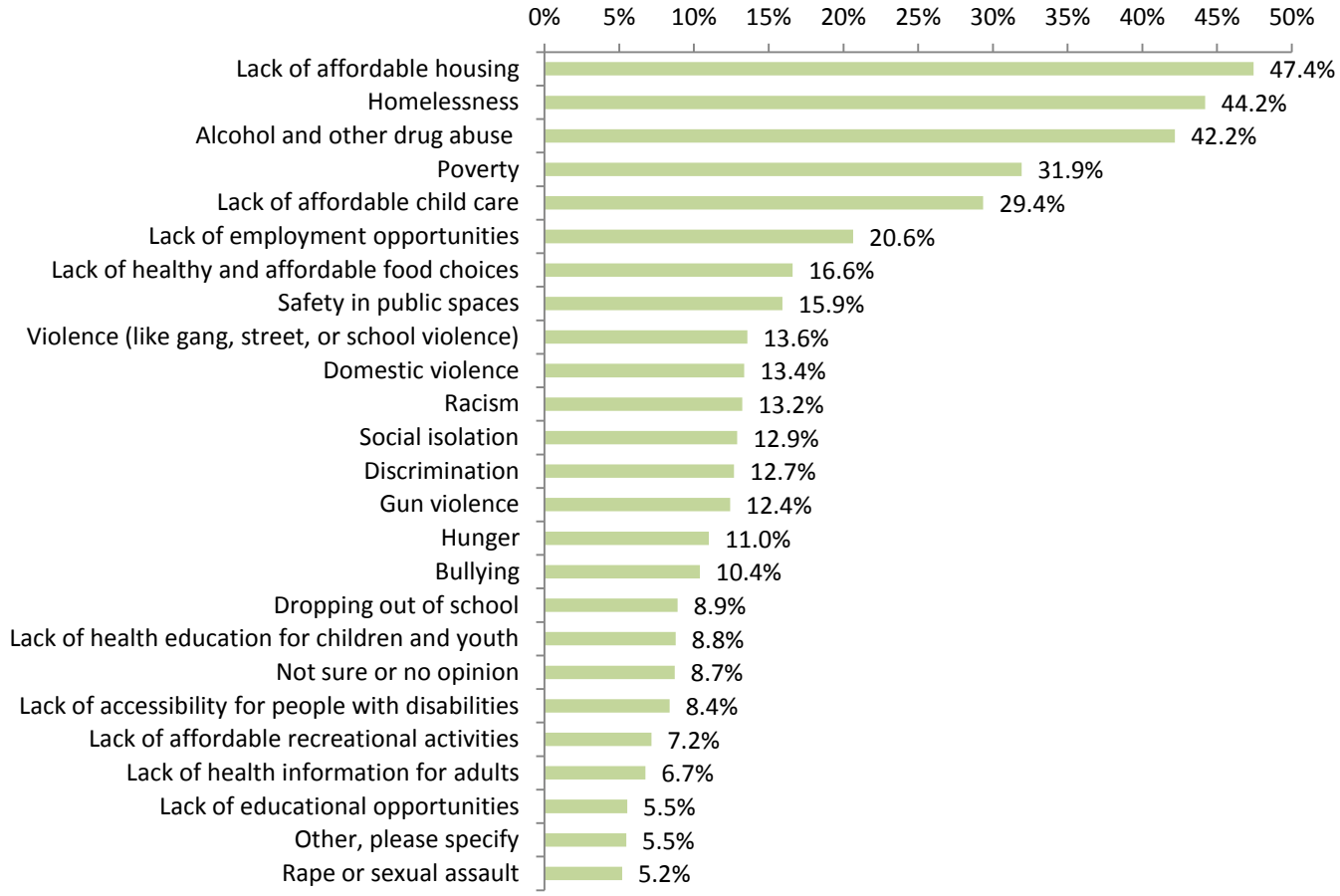
SOCIAL AND PHYSICAL ENVIRONMENT

Income and poverty are closely connected to health outcomes. A higher income makes it easier to live in a safe neighborhood with good schools and many recreational opportunities. Higher wage earners are better able to buy medical insurance and medical care, purchase nutritious foods, and obtain quality child care than those earning lower wages. Lower income communities have shown higher rates of asthma, obesity, diabetes, heart disease, and child poverty. Those with lower incomes also experience lower life expectancies.

The 2013 Cambridge Community Health Assessment survey asked respondents about the five leading social and economic issues that affect the health of Cambridge. The two most frequently cited issues were related to housing. First was lack of affordable housing, cited by 47.4% of respondents, followed by homelessness (44.2%) (Figure 8). Alcohol and other drug abuse was mentioned by 42.2% of survey respondents, while poverty and lack of affordable child care was noted by approximately 30% of respondents as affecting Cambridge residents' health.

[3] Students with family income up to 130% of the federal poverty guidelines are eligible for free school meals, and students with a family income less than 185% and more than 130% of the federal poverty are eligible for reduced priced school meals.

Figure 8: Top Social and Economic Issues Viewed As Affecting Health in Cambridge among Survey Respondents, 2013 (n=1,482)



DATA SOURCE: Cambridge Community Health Assessment Survey, 2013.
NOTE: Survey respondents were asked "In your opinion, what are the **TOP 5 social and economic issues that affect health** in Cambridge?"

When these data are analyzed by race and ethnicity, there is some variation among the top six cited social and economic issues affecting health (Figure 9).

For example, while ranked among the leading six concerns for all other races and ethnicity, "poverty" was not mentioned by Asian respondents nor was a "lack of affordable child care" mentioned by Black respondents. Furthermore, "discrimination" was only ranked as a leading social and economic issue among Black respondents. "Lack of affordable housing", however, was mentioned by respondents of all racial and ethnic groups as one of the top three social and economic issues affecting health in Cambridge. Results of survey respondents by race and ethnicity on the social and economic issues identified as affecting health in Cambridge are available in Appendix G.

Survey data show similarities by gender in the leading social and economic issues respondents saw as affecting health. The only major difference by gender was in responses on lack of affordable child care, where 34% of female respondents saw it as a top social and economic concern, compared to 18% of male respondents.

Figure 9: Top Social and Economic Issues Viewed As Affecting Health in Cambridge among Survey Respondents by Race and Ethnicity, 2013 (n=1,482)

	White	Black/African American	Hispanic/Latino	Asian
1	Lack of affordable housing	Lack of affordable housing	Alcohol and other drug abuse (like cocaine, ecstasy, heroin, marijuana)	Homelessness
2	Homelessness	Alcohol and other drug abuse (like cocaine, ecstasy, heroin, marijuana)	Homelessness	Lack of affordable housing
3	Alcohol and other drug abuse (like cocaine, ecstasy, heroin, marijuana)	Homelessness	Lack of affordable housing	Alcohol and other drug abuse (like cocaine, ecstasy, heroin, marijuana)
4	Poverty	Discrimination	Poverty	Lack of affordable child care
5	Lack of affordable child care	Lack of employment opportunities	Lack of affordable child care	Gun violence
6	Lack of employment opportunities	Poverty	Lack of employment opportunities	Lack of employment opportunities

DATA SOURCE: Cambridge Community Health Assessment Survey, 2013.
NOTE: Survey respondents were asked "In your opinion, what are the **TOP 5 social and economic issues that affect health** in Cambridge?"

Physical and Built Environment

> *"Some parts of the city are forest, others are city. It's a good mixture."* —Focus group participant

> *"I think Cambridge has to think carefully before over-building…. I live a block from the Porter Square shopping center. The artwork there near the CVS was implemented without thinking about what pedestrians need in a busy traffic (foot and car) area."*—Survey respondent

> *"There needs to be more cleaning and upkeep in the busiest areas of Cambridge."*
> —Survey respondent

> *"I love living in Cambridge…I am thrilled with the public parks all over the city! I hope bike lanes continue to be added to city streets so people can feel safe and encourage their children to bike more."*—Survey respondent

When asked about their community, most assessment participants were enthusiastic and cited many assets to its physical and built environment including beautiful parks, green space, recreational opportunities, and densely packed commercial districts with thriving retail. Cambridge is the second most densely populated community in Massachusetts, next to Somerville, according to the U.S. Census American Community Survey 2009-2011 data. Many focus group participants perceived this as leading to a number of positive attributes of the city including an abundance of restaurants, shows, and festivals. As one focus group member commented, "*Cambridge is a remarkable place."*

However, there are a number of issues related to the physical and built environment that were mentioned in discussions. Concerns about safety and cleanliness, particularly in Central Square, were cited by a number of participants. As one youth focus group member observed about Central Square, *"There is just a lot of trash everywhere."*

A number of interviewees and focus group participants also discussed how the built environment can help facilitate active living in the community. Focus group participants and interviewees spoke positively about the city's many parks and recreational facilities as well as exercise programs including Fitness Buddies and Cambridge Walks. They also noted the prevalence of bicyclists and bike lanes. As one focus group member stated, "*It makes you want to get in shape."*

Some residents expressed concerns with the built environment. Some parks were reported to be unsafe. As one focus group member stated, *"Some parks you can't go to without seeing someone on drugs."* A number of focus group members and interviewees also noted opportunities to walk and exercise are hampered by poor quality sidewalks, too much traffic, lack of lighting, and ineffective snow removal from sidewalks in winter.

Another topic discussed by focus group members and interviewees was the bicycling culture prevalent in the community. While many lauded the city's green and active living focus, they expressed concern about the large number of bicycles in an infrastructure not well suited to them. They reported concerns about bicyclists' disregard for traffic rules and expressed a need for more bike paths to accommodate the growing number of bicyclists. As one participant noted, "*Many bikers don't know or don't follow the rules of the road, which is dangerous."*

The availability of recreational facilities can influence individuals' and communities' choices to engage in physical activity, with proximity to locations of recreational opportunity being associated with higher physical activity levels and lower rates of particular adverse health outcomes. According to the Cambridge Community Development Department, there are 443.025 acres of public open space in the city, and 58 playgrounds. Table 9 illustrates that in Cambridge, there is 1 acre of open space for every 238 residents and 1 playground for every 1,812 residents. When considering the population 14 years old and under, there is 1 playground for every 198 children under 15.

Table 9: Ratio of Recreational Facilities per Population in Cambridge, 2009-2011

Recreational Facility	Ratio Per Resident
1 acre of open space	1 acre: 238 residents
1 playground	1 playground: 1,812 residents 1 playground: 198 children (14 years old and under)

DATA SOURCE: DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, 2000 Census and American Community Survey 3-Year Estimates, 2009-2011. Analysis by Cambridge Community Development Department.

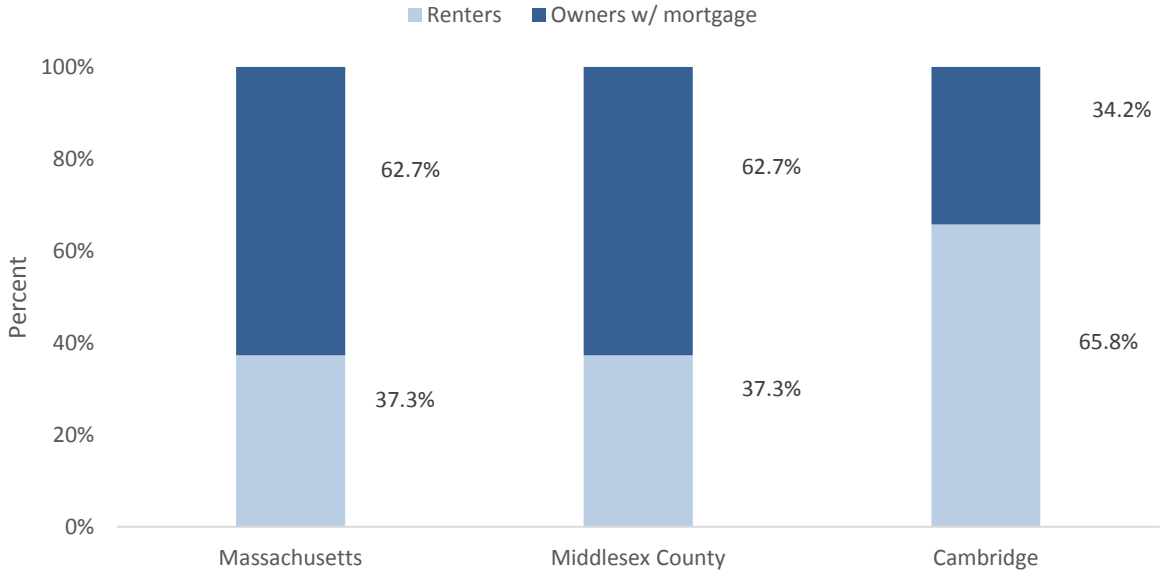
Housing and Homelessness

> *"We need affordable housing."*—Key informant interview participant
>
> *"Housing costs are skyrocketing in Cambridge, with financial assistance available only to the very poor. I am afraid that the middle class will become non-existent in Cambridge as housing costs continue to rise and that homelessness will increase further."*—Survey respondent
>
> *"The homeless know there is money and liquor accessible in Cambridge and migrate here. It's a beggar's paradise."* –Focus group participant
>
> "W*e've found homeless people living in our building hanging out in community rooms."*
> –Focus group participant

Two main concerns mentioned by many assessment participants in focus groups, interviews, and the survey was the lack of affordable housing and the homeless population in Cambridge. The lack of affordable housing was an issue participants saw as affecting nearly all residents, across the income spectrum, but particularly straining the middle class. The elimination of rent control was seen as a turning point for the city in seeing its rental prices spike. Housing costs were viewed as an additional strain on many middle income families who want to live in the city, but find the high cost of living to be challenging.

Nearly two-thirds of the Cambridge residents are renters, higher than what is seen in the county or state overall (Figure 10).

Figure 10: Distribution of Renters versus Homeowners by State, County, and City, 2009-2011



DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, American Community Survey 3-Year Estimates, 2009-2011.

As shown in Table 10, renters pay on average over $1,500/month for their housing, while homeowners with a mortgage pay nearly $2,500/month. It is important to note that these are rents reported by renters and not proposed rents for vacant units. Additionally, the sampled population for these data includes subsidized units, which may lower the median.

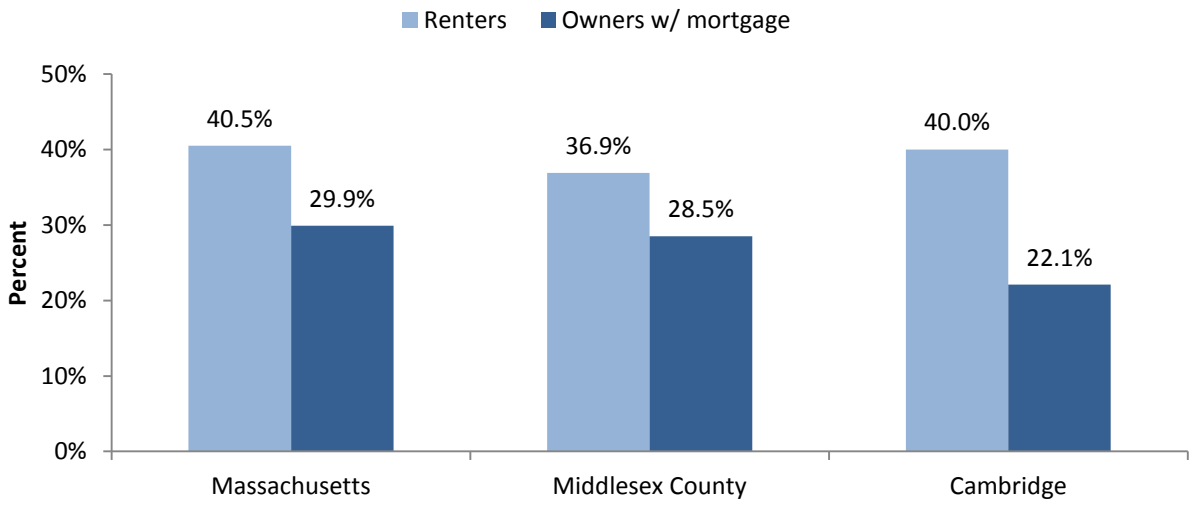
Table 10: Monthly Median Housing Costs for Renters and Homeowners by State, County, and City, 2009-2011

Geography:	Renters	Owners w/ mortgage
Massachusetts	$1,036	$2,110
Middlesex County	$1,247	$2,407
Cambridge	$1,558	$2,433

DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, American Community Survey 5-Year Estimates, 2007-2011.

While absolute housing costs are important to consider, they do not necessarily speak to how housing prices compare to the overall cost of living. Figure 11 illustrates the percentage of renters and owners whose housing costs comprise 35.0% or more of their household income. Generally, this proportion is lower for homeowners with a mortgage than for renters. In Cambridge, nearly 25% of homeowners with a mortgage put at least 35.0% of their household income to housing costs, whereas 40.0% of renters do the same.

Figure 11: Percentage of Residents Whose Housing Costs are 35% or More of Household Income by State, County, and City, 2009-2011



DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, American Community Survey 3-Year Estimates, 2009-2011.

In addition to lack of affordable housing, the issue of homelessness was cited as a concern among assessment participants. As one focus group member observed, *"There are lots of people on the streets."* The U.S. Department of Housing and Urban Development requires communities across the country to conduct an annual census of individuals and families experiencing homelessness during the last ten days of January. In Cambridge, this count was completed during the night between January 30-31, 2013. A total of 537 persons were reported to be experiencing homelessness, according to the 2013 Cambridge Homeless Census Results.

Focus group participants and interviewees cited the number of health conditions that homeless individuals disproportionately have. They were concerned about potentially higher rates of alcoholism and mental illness among the homeless. The large number of homeless individuals in Central Square was repeatedly mentioned as an issue in the city, and a few respondents largely attributed this to the number of liquor stores in the area. Overall, many respondents expressed concern over the large

numbers of homeless who congregated in specific areas of the city. In addition to homelessness among adults, interviewees discussed homelessness among the lesbian, gay, bisexual, and transgender (LGBT) youth population who have left their families due to non-acceptance of their sexual orientation or gender identity. Interviewees cited Cambridge's range of services for the homeless population as an asset of the city. Services mentioned included, but were not limited to organizations like the "Youth on Fire" drop-in center that provides food, showers, medical attention, and counseling to hundreds of homeless youth a year, many of whom are LGBT youth. However, the center closes at 6pm, and interviewees commented that LGBT youth do not feel comfortable staying at the city's homeless shelters at night.

Transportation

> *"I would like the city to keep working on ways to make it easier, safer, and more enjoyable to walk, bike, or take public transportation in our daily lives, but without an attitude of dismissing or punishing people who need to drive. Better connections between bikeways…more enforcement of traffic laws for all."*—Survey respondent

Transportation in Cambridge was viewed as multi-modal, in that residents drove, biked, walked, and took public transportation around the city. Many participants cited the number of transportation options in the city, and access to transportation was not discussed in focus groups or interviews as a particular challenge. Concerns related to pedestrian and bicycle safety, traffic, snow/ice removal, and bumpy brick sidewalks too dangerous for the disabled were the transportation issues most cited.

Cambridge residents have a greater diversity in their means of transportation when commuting to work than does the county or state (Table 11). While the majority of Middlesex County and Massachusetts state residents overall commute by car, truck, or van alone (69.9% and 72.3%, respectively), only 30.1% of Cambridge residents report the same. Cambridge residents are just as likely to use public transportation (26.5% in Cambridge as compared to approximately 10% by county and state) or walk (22.6% in Cambridge as compared to under 5.0% by county and state) as they are to drive.

Table 11: Means of Transportation to Work for Workers Aged 16+ by State, County, and City, 2009-2011

Geography	Car, Truck, or Van—Drove Alone	Car, Truck, Van—Carpooled	Public Transportation	Walked	Other Means
Massachusetts	72.3%	8.1%	9.1%	4.7%	1.5%
Middlesex County	69.9%	8.1%	10.4%	4.7%	2.1%
Cambridge	30.1%	4.9%	26.5%	22.6%	8.2%

DATA SOURCE: U.S. Department of Commerce, Bureau of the Census, American Community Survey 3-Year Estimates, 2009-2011.

Environmental Health and Quality

> *"Too many children are riding buses which pollute the air and contribute to climate change."* —Survey respondent

> *"[In public housing, we see] Mold. Air quality. People who have asthma or respiratory or heart issues have health problems."*—Focus group participant.

> *"Air quality is extremely important to health. Car exhaust, ground-level-ozone, office/work hazard chemicals that are used indoors, particulates, etc. all shorten life measurably by accelerating aging and decreasing health…Nobody seems to want to look into this problem."* —Survey respondent

Poor air quality and its impact on asthma rates was a health concern mentioned by several focus group participants and interviewees. According to air quality data provided by the County Health Rankings and Roadmaps, Middlesex County and the state of Massachusetts had the same average daily measure of fine particular matter (both at 10.1 µg/m³). Fine particulate matter is defined as particles of air pollutants that can either be directly emitted from sources such as forest fires, or can form when gases emitted from power plants, industries, and automobiles react in the air.[4] Air pollutants have been shown to negatively impact population health through decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects. Several focus group participants noted the air quality in Cambridge triggered asthma in their families, particularly among children.

Those living in public housing most frequently mentioned smoking, unclean vents, mold, and rodents as all contributing to poor air quality and other environmental hazards. Several public housing residents relayed experiences of poor air quality or housing environments in focus group discussions. As one resident noted, *"My stoves are not working properly. My child has health issues smelling the fumes,"* while another resident remarked, *"I put plastic on my windows because it's freezing but they [maintenance staff] tell me it's a fire hazard."*

In the overall arena of environmental health, another issue for consideration is blood lead levels among children. Lead screening data from fiscal year 2012 show among the 53% of children between 6 and 72 months of age who were screened for lead poisoning, there was a rate of 0.4 newly identified children with confirmed blood lead levels greater than or equal to 20 mcg/dL per 1,000 children screened at this time (the threshold blood lead level range used as the standard for calculating incidence rate).[5] For comparative purposes, the statewide rate was 0.5 newly identified children with confirmed blood lead levels greater than or equal to 20 mcg/dL per 1,000 children screened at this time. Further, 67% of the Cambridge housing stock and 44% of statewide housing stock were found to have been built before 1950 (housing built before 1950 are very likely to contain lead-based paint).

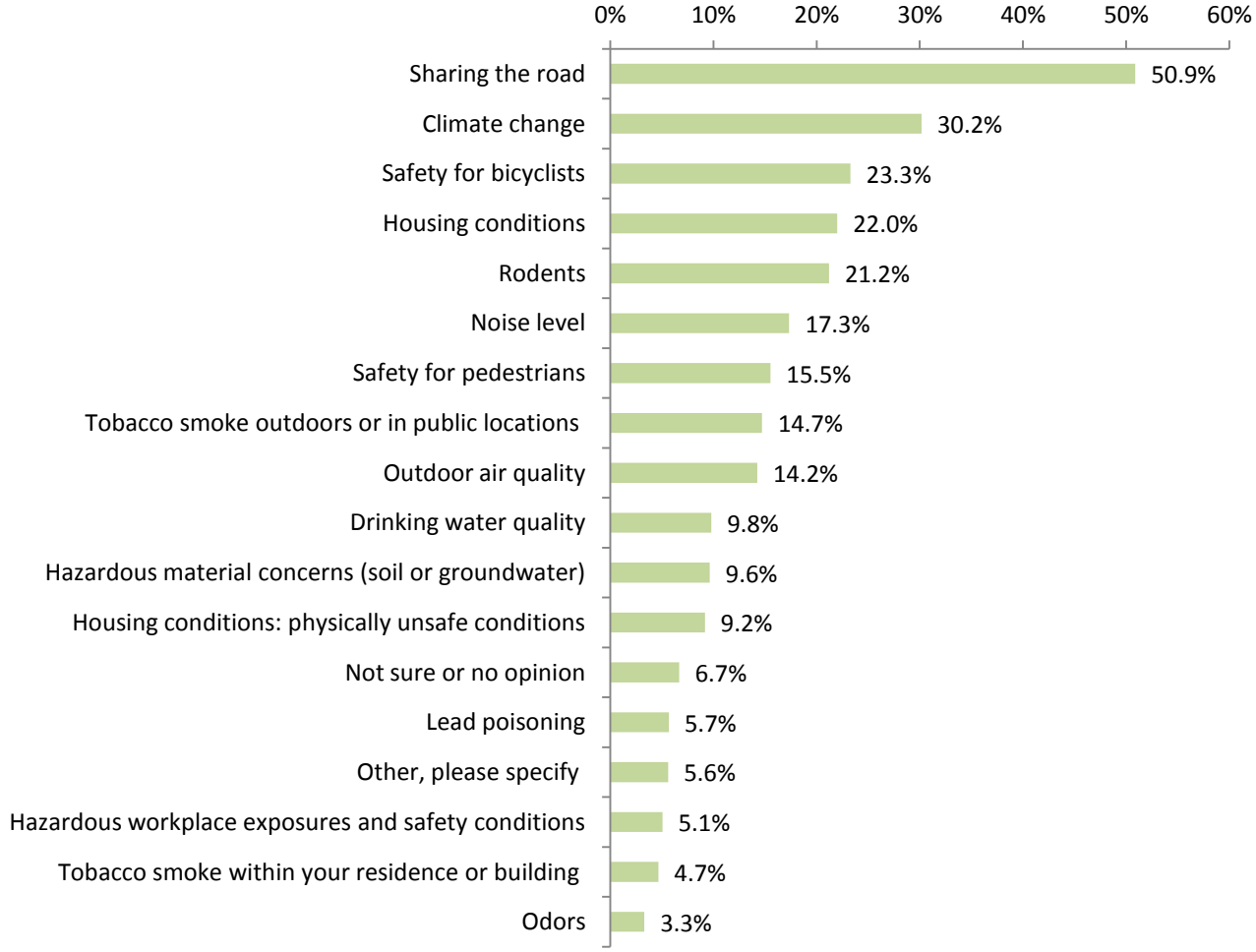
When assessment survey respondents were asked about their environmental health and safety issues of most concern, more than half indicated sharing the road (i.e., safe interactions between cars, bikes, and pedestrians) was an important issue (Figure 12). Climate change, safety for bicyclists, housing

[4]Centers for Disease Control and Prevention, CDC Wonder, Outdoor Air Quality – Fine Particulate Matter, as cited by The County Health Rankings & Roadmaps, 2013.

[5] Massachusetts Department of Public Health, Childhood Lead Poisoning Screening and Incidence Statistics by Community, Mar. 7, 2013 < www.mass.gov/eohhs/researcher/community-health/environment-health/lead/childhood-lead-poisoning-screening-and-statistics.html>

conditions, and rodents were each cited by more than 20% of survey respondents as important environmental health concerns in the city.

Figure 12: Top Environmental Health and Safety Issues in Cambridge Perceived among Survey Respondents, 2013 (n=1,482)



DATA SOURCE: Cambridge Community Health Assessment Survey, 2013.
NOTE: Survey respondents were asked, "In your opinion, what are the **TOP 3 environmental health and safety issues** in Cambridge?"

Table 12 summarizes the leading environmental health and safety issues in Cambridge when stratified by the race and ethnicity of survey respondents. While there were certain indicators cited by just one racial/ethnic group (e.g., "noise levels" as a top issue for White respondents), most were shared concerns across racial and ethnic groups. For example, "sharing the road" was identified as the most important environmental health and safety issue among White, Black, and Hispanic respondents, and second most important among Asian respondents (in that same vein, Asian respondents cited "safety for bicyclists" as their top concern). A concern identified only among minority respondents was "tobacco smoke outdoors or in public locations." A further detailed table by race and ethnicity is included in Appendix G. Male and female respondents to the survey answered the question about Cambridge's biggest top environmental and safety concerns similarly.

Table 12: Top Environmental Health and Safety Issues in Cambridge Perceived among Survey Respondents by Race and Ethnicity, 2013 (n=1,482)

	White	Black/African American	Hispanic/Latino	Asian
1	Sharing the road: safe interactions between motor vehicles, bicyclists, and pedestrians	Sharing the road: safe interactions between motor vehicles, bicyclists, and pedestrians	Sharing the road: safe interactions between motor vehicles, bicyclists, and pedestrians	Safety for bicyclists
2	Climate change	Housing conditions: indoor air quality, pests, mold/moisture	Housing conditions: indoor air quality, pests, mold/moisture	Sharing the road: safe interactions between motor vehicles, bicyclists, and pedestrians
3	Safety for bicyclists	Tobacco smoke outdoors or in public locations	Rodents	Climate change
4	Housing conditions: indoor air quality, pests, mold/moisture	Rodents	Safety for bicyclists	Housing conditions: indoor air quality, pests, mold/moisture
5	Noise level	Climate change	Tobacco smoke outdoors or in public locations	Tobacco smoke outdoors or in public locations
6	Rodents	Safety for bicyclists	Safety for pedestrians	Rodents

DATA SOURCE: Cambridge Community Health Assessment Survey, 2013.
NOTE: Survey respondents were asked, "In your opinion, what are the **TOP 3 environmental health and safety issues** in Cambridge?"

Crime and Safety

> *"No one knows where the police station is after they moved to East Cambridge from Central. There is almost no police presence."*—Focus group participant
>
> *"Domestic violence in many communities is a hidden issue."* –Focus group participant
>
> *"Supporting students and families that have experienced trauma is important. The reasons for trauma vary—loss of parent, victim or witness of violent crime, violence or suffering experienced in their country of origin."*—Key informant interview participant

Some Cambridge residents expressed concerns about personal safety in their neighborhood, especially at night. Central Square posed particular safety concerns for focus group participants. Several focus group members and interviewees mentioned the relocation of the police station from Central Square, which some reported has had a negative effect on the immediate neighborhood. As one resident stated, *"Cars are being broken into now."*

However, according to data on offenses known to law enforcement dating to 2009, overall crime has been decreasing in the city of Cambridge (Table 13). There has been a steady decrease in the total number of violent crimes each year, and an overall decrease in property crime offenses as well.

Table 13: Number of Total Offenses Known to Law Enforcement in Cambridge, 2009-2012

	2009	2010	2011	2012	5-Year Weighted Average	Avg.-2012 Change
Total Violent Crimes	449	437	436	414	442	-6.0%
Total Property Crimes	3121	3177	3131	3064	3231	-5.0%

DATA SOURCE: Cambridge Police Department, Crime Analysis Unit, Cambridge Police Annual Crime Report, 2012.
Notes: Violent crime includes: murder, rape, robbery, and aggravated assault; Property crime includes: burglary, larceny, and auto theft

Seemingly rising rates of domestic violence, particularly among young people and immigrants, were mentioned by many residents in focus groups as an area of concern. Cultural perceptions about gender roles were reported to be a factor related to domestic violence in immigrant communities. This observation led one interviewee to note, *"There is a need to understand the cultural differences that underlie domestic violence."* Others reported that stigma associated with domestic violence prevents some from seeking help.

Table 14 provides domestic crime rate data in Cambridge broken down by type of crime category. Domestic crimes include all offenses committed against family members, spouses and ex-spouses, roommates, and romantic partners and ex-romantic partners. It is important to note underreporting is a serious issue when it comes to domestic crimes (domestic violence experts estimate police departments receive a report for only one-third of domestic crimes), so reliability of these figures is uncertain and likely under-representative.

Table 14: Domestic Crime Data by Categorical Breakdown of Incidents in Cambridge, 2011-2012

Incident	2011 Total	2012 Total	% Change from 2011
Dispute/Disturbance -No physical abuse	490	560	14.0%
Simple assault	187	160	-14.0%
Aggravated assault	80	86	8.0%
Violation of restraining order	61	44	-28.0%
Threats to commit a crime	47	32	-32.0%
Harassment	12	20	67.0%
Larceny	12	17	42.0%
Indecent assault	5	5	0.0%
Rape/attempted rape	3	5	67.0%
Housebreak	6	4	-33.0%
Malicious destruction of property	4	4	0.0%
Harassing or obscene telephone calls	4	4	0.0%
Street robbery	3	4	33.0%
Kidnapping	1	2	100.0%
Stalking	3	1	-67.0%
Violation of harassment order	2	1	-50.0%
Arson	1	1	0.0%
Other Misc.	9	1	-89.0%
Homicide	4	0	-100.0%
Forgery	3	0	-100.0%
Total	**937**	**951**	**1.5%**

DATA SOURCE: Cambridge Police Department, Crime Analysis Unit, Cambridge Police Annual Crime Report, 2012.

COMMUNITY STRENGTHS AND ASSETS

Community Cohesion and Activism

> *"Cambridge is a fun city to live in. It attracts anyone I think."* —Focus group participant

> *"This is a place where new ideas have a chance to grow."* —Focus group participant

> *"The City is blessed with great resources and great people. There is nothing the City can't do*."
> —Key informant interview participant

Many assessment participants noted that the residents are engaged in their community, have high levels of civic activism, and have high expectations of their city in return. Cambridge was described by many focus group members and interviewees as *"vibrant"* and *"progressive"* with an active population. While some questioned how integrated the city was, many focus group participants did cite the city's diversity as a true strength. They commented that community residents of all backgrounds come out for the different cultural festivals to celebrate together and there seemed to be a strong sense of community cohesion.

Services and Supports

> *"Cambridge does provide social outlets for senior citizens such as the Senior Centers."*
> —Survey participant

> *"There is a constellation of services which have positive, effective results."*
> —Focus group participant

> *"Services to the poor are second to none."*—Key informant interview participant

> *"Politicians are more accessible."*—Focus group participant

Focus group and interview participants positively discussed the large number of services provided to Cambridge residents, which some saw as a rather unique aspect of their city. As one participant explained, *"I feel like Cambridge is fairly progressive in offering resources to people."* Focus group participants named a long list of services and programs when talking about community organizational resources including youth sports, programs for the homeless, food banks, the Men's Health League, visiting nurses, free programs in the parks, and the City Sprouts program. In addition, they mentioned recent city initiatives such as upgrading of the waterworks system, climate change planning, the aging in place initiative, and the Healthy Children Task Force. As one key informant interviewee stated, "*I don't know how much more Cambridge can do."*

Many residents attributed the city's progressive mindset and many service assets to an effective local government. Focus group participants described government leaders as *"willing to help," "forward thinking," "committed,"* and *"accessible,"* and city departments as collaborative and innovative in their approaches to the city's challenges.

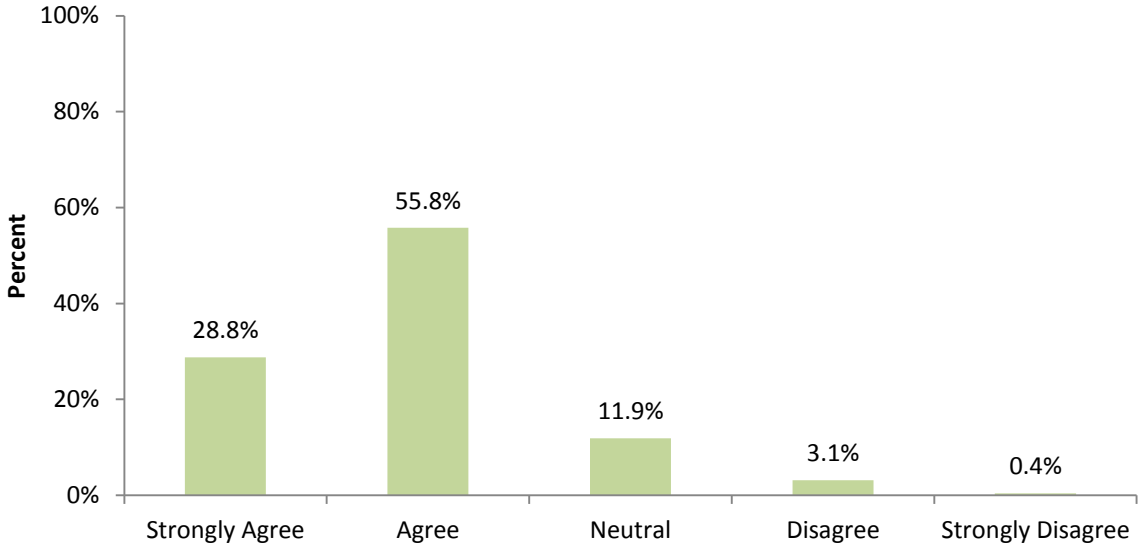
HEALTH BEHAVIORS AND OUTCOMES

This section provides an overview of leading health conditions and behaviors in the City of Cambridge by examining self-reported behaviors, incidence, hospitalization, and mortality data in addition to discussing the pressing concerns residents and leaders identified during focus groups and interviews.

Perceived Community and Individual Health Status

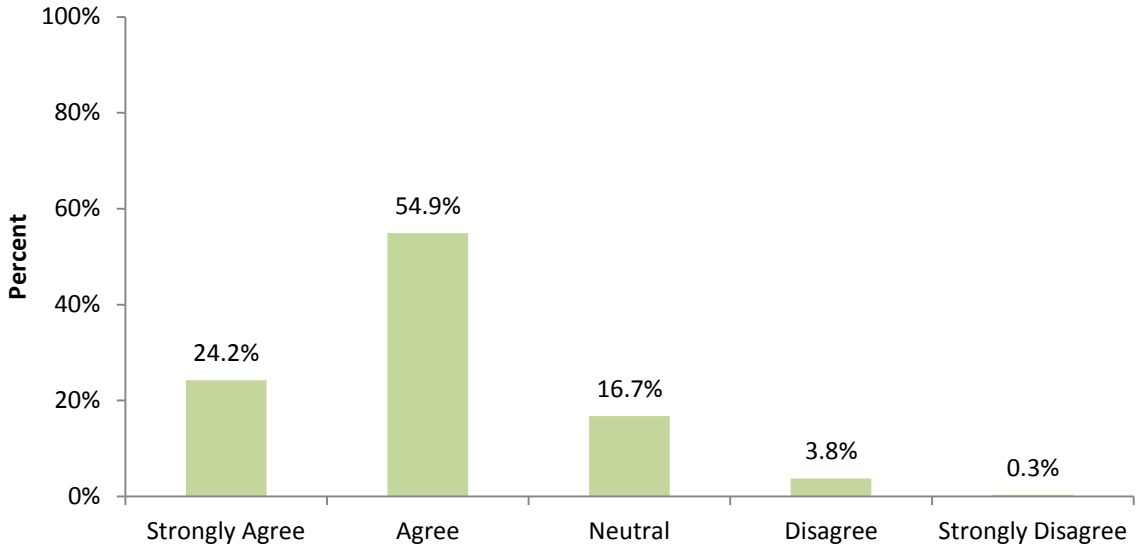
Overall, assessment participants viewed Cambridge as a healthy city, with issues of health care access, aging-related conditions, overweight/obesity, and mental health as the issues most directly affecting their lives. The Cambridge Community Health Assessment survey asked respondents their perceptions of how healthy Cambridge is and the specific health issues most affecting them personally. Figure 13 shows the majority of survey respondents (84.6%) either agreed or strongly agreed with the statement "Cambridge is a healthy place to live, work, or spend time," while 79.1% agreed or strongly agreed with the statement, "The people in my social circle (family, friends, neighbors, and coworkers) make it easy for me to live a healthy lifestyle" (Figure 14).

Figure 13: Respondents' Perceptions on Whether Cambridge is a Healthy Place to Live, Work, or Spend Time, 2013 (n=1,560)



DATA SOURCE: Cambridge Community Health Assessment Survey, 2013.
NOTE: Survey respondents were asked, "How strongly do you agree or disagree with the following statement: 'I think Cambridge is a healthy place in which to live, work, or spend time.'"

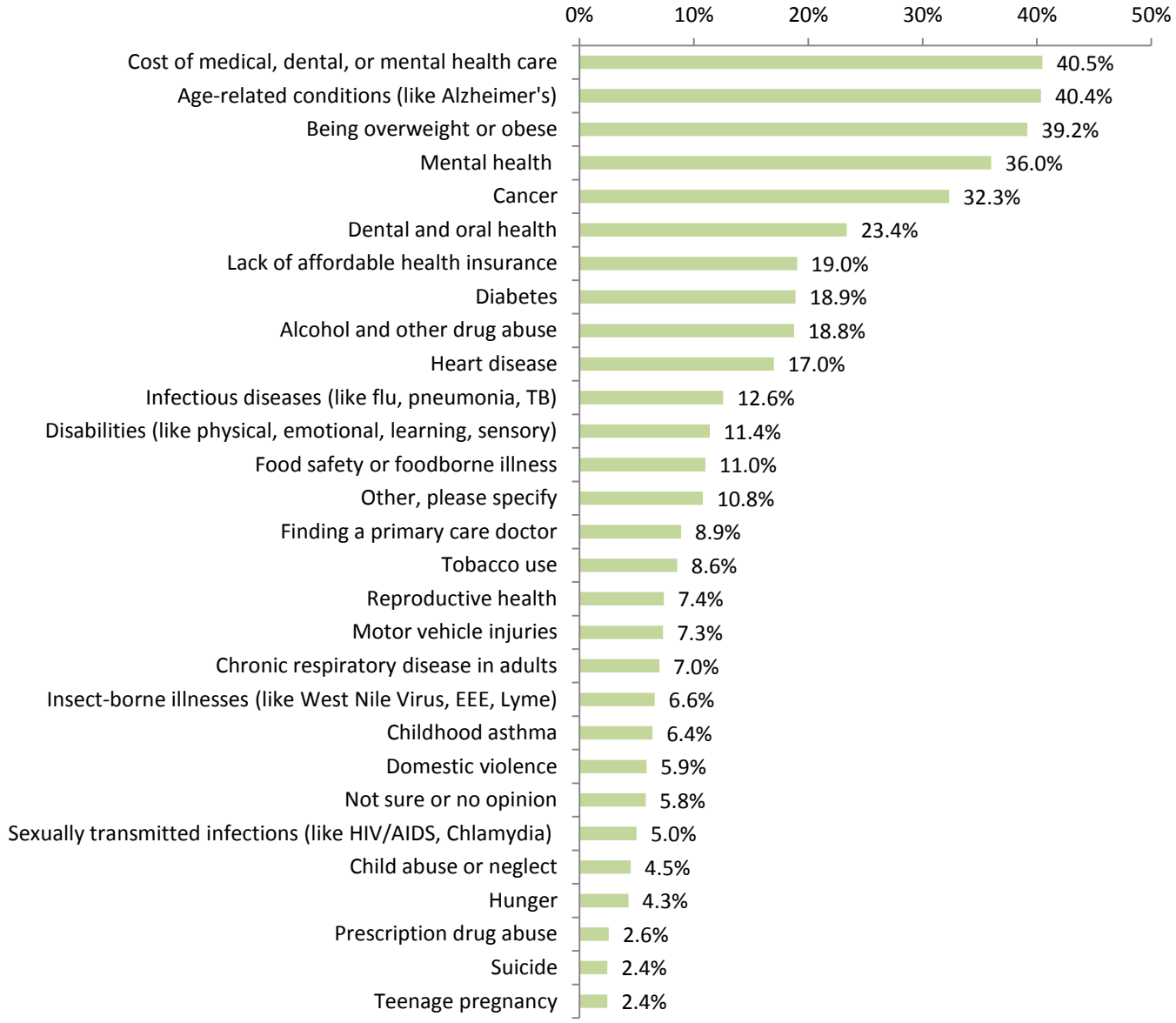
Figure 14: Respondents' Perceptions on Whether Their Social Circles Make it Easier to Live a Healthy Lifestyle, 2013 (n=1,560)



DATA SOURCE: Cambridge Community Health Assessment Survey, 2013.
NOTE: Survey respondents were asked, "How strongly do you agree or disagree with the following statement: 'The people in my social circle (family, friends, neighbors, and coworkers) make it easy for me to live a healthy lifestyle.'"

In the community health assessment survey, respondents were asked to select the top health concerns that affect themselves, their families, and their social circles. As illustrated in Figure 15, the issues named as health concerns that directly affect survey respondents were the cost of medical, dental, and mental health care (40.5%) and age-related issues (such as Alzheimer's) (40.4%). Overweight/obesity, mental health, and cancer were other frequently cited issues.

Figure 15: Top Health Concerns Identified as Affecting Survey Respondents, Their Families, or Their Close Social Circle, 2013 (n=1,519)



DATA SOURCE: Cambridge Community Health Assessment Survey, 2013.
NOTE: Survey respondents were asked, "What are the **TOP 5 health concerns** for you, your family, and your close social circle (friends, neighbors, coworkers, etc.)?"

There was some variation in top health concerns when stratified by race and ethnicity (Table 15). For example, while "being overweight or obese" was not among the top six health concerns for Asian respondents, it was the leading health concern among Hispanic respondents. Similarly, "dental and oral health" was not a top concern for Black respondents but the leading health concern among Asian respondents. Furthermore, "diabetes" was ranked at number three and four among Asian and Black respondents, respectively. Finally, "alcohol and other drug abuse" was among the leading health concerns for Hispanic respondents only. A further detailed table by race and ethnicity is included in Appendix G. There were no substantial variations in the top health concerns of survey respondents by gender.

Table 15: Top Health Concerns Identified as Affecting Survey Respondents, Their Families, or Their Close Social Circle, by Race and Ethnicity, 2013 (n=1,519)

	White	Black/African American	Hispanic/Latino	Asian
1	Cost of medical, dental, or mental health care (like co-pays, prescriptions)	Cancer	Being overweight or obese	Dental and oral health
2	Age-related conditions (like Alzheimer's, arthritis, hearing or vision loss, mobility)	Being overweight or obese	Cost of medical, dental, or mental health care (like co-pays, prescriptions)	Cost of medical, dental, or mental health care (like co-pays, prescriptions)
3	Being overweight or obese	Cost of medical, dental, or mental health care (like co-pays, prescriptions)	Age-related conditions (like Alzheimer's, arthritis, hearing or vision loss, mobility)	Diabetes
4	Mental health (like depression, anxiety, stress, bipolar disorder)	Diabetes	Alcohol and other drug abuse (like cocaine, ecstasy, heroin, marijuana)	Age-related conditions (like Alzheimer's, arthritis, hearing or vision loss, mobility)
5	Cancer	Age-related conditions (like Alzheimer's, arthritis, hearing or vision loss, mobility)	Cancer	Cancer
6	Dental and oral health	Mental health (like depression, anxiety, stress, bipolar disorder)	Mental health (like depression, anxiety, stress, bipolar disorder)	Mental health (like depression, anxiety, stress, bipolar disorder)

DATA SOURCE: Cambridge Community Health Assessment Survey, 2013.
NOTE: Survey respondents were asked, "What are the **TOP 5 health concerns** for you, your family, and your close social circle (friends, neighbors, coworkers, etc.)?"

Leading Causes of Mortality and Premature Mortality

The leading causes of death and premature death (before age 75 years) are heart disease and cancer, followed by mental disorders as a third leading cause of premature death in Cambridge. Overall all-cause mortality in the city of Cambridge (567.9 per 100,000 population) was lower than for the state (670.7 per 100,000 population) (Table 16). Premature mortality for heart disease, cancer, and Alzheimer's disease follow the same pattern. However, premature mortality in Cambridge for mental disorders was similar to the state and slightly higher in Cambridge for chronic lower respiratory diseases, such as COPD.

Table 16: Rate of Top 5 Underlying Causes of Mortality per 100,000 Population by State and City, 2009

		Massachusetts	Cambridge
Overall Mortality		670.7	567.9
Premature Mortality (deaths occurring before age 75 years)		277.0	229.0
1	Major cardiovascular disease	150.9	150.9
2	Cancer, all types	142.7	142.7
3	Mental disorders, all types	44.3	44.3
4	Nervous system disease (e.g., Alzheimer's disease)	28.1	28.1
5	Chronic lower respiratory disease, all causes (e.g., COPD, emphysema, and chronic bronchitis)	24.3	24.3

DATA SOURCE: Cambridge Public Health Department. Cambridge Health Indicators: Broad Measures of Health for Cambridge, Massachusetts, and the United States, 2013.
NOTE: Arranged in descending order by 'Massachusetts'

Healthy Eating, Physical Activity, and Overweight/Obesity

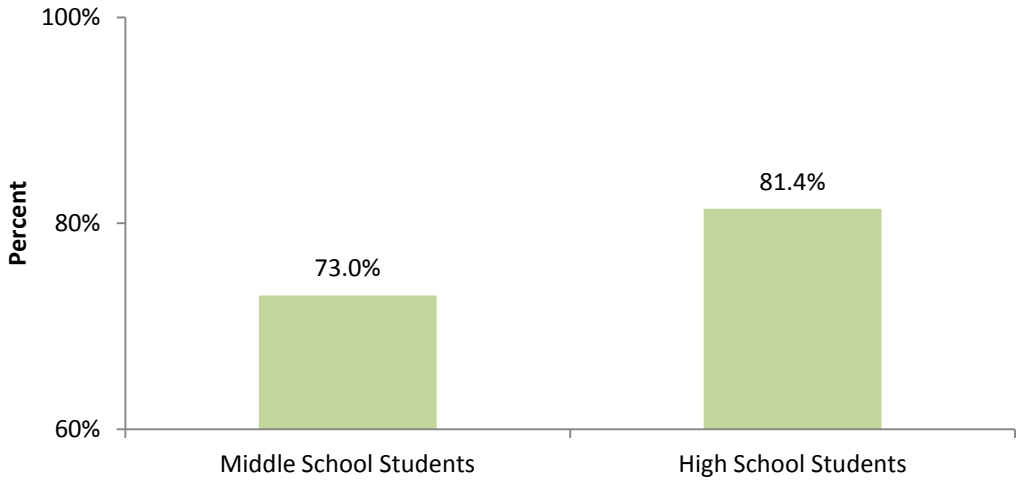
> *"Cambridge generally feels like a very active city, but I do think that more could always be done in this area, particularly for those of lower socioeconomic status such as around affordability of healthy foods and exercise options."*—Survey respondent

> *"We need to continue with promoting healthy eating and staying active, especially for children."*—Key informant interview participant

Focus group participants and interviewees reported that Cambridge is a city that has embraced healthy eating and physical activity. In the words of one assessment participant, *"Cambridge is a health conscious city."* Focus group and interview participants shared a number of community resources which encourage physical activity, including parks and recreation programs. Youth reported that recently physical education programs in schools have been changing to promote greater physical activity.

Though the majority of youth in Cambridge regularly participate in vigorous physical activity, percentages vary by age (Figure 16). While 73.0% of middle school students report participating in regular vigorous exercise, 81.4% of high school students report the same. Though not pictured below, the Cambridge Public Health Department reports that 60.0% of Cambridge adults participate in moderate or vigorous physical activity.

Figure 16: Percentage of Youth Participating in Vigorous Exercise in Cambridge, 2011-2013



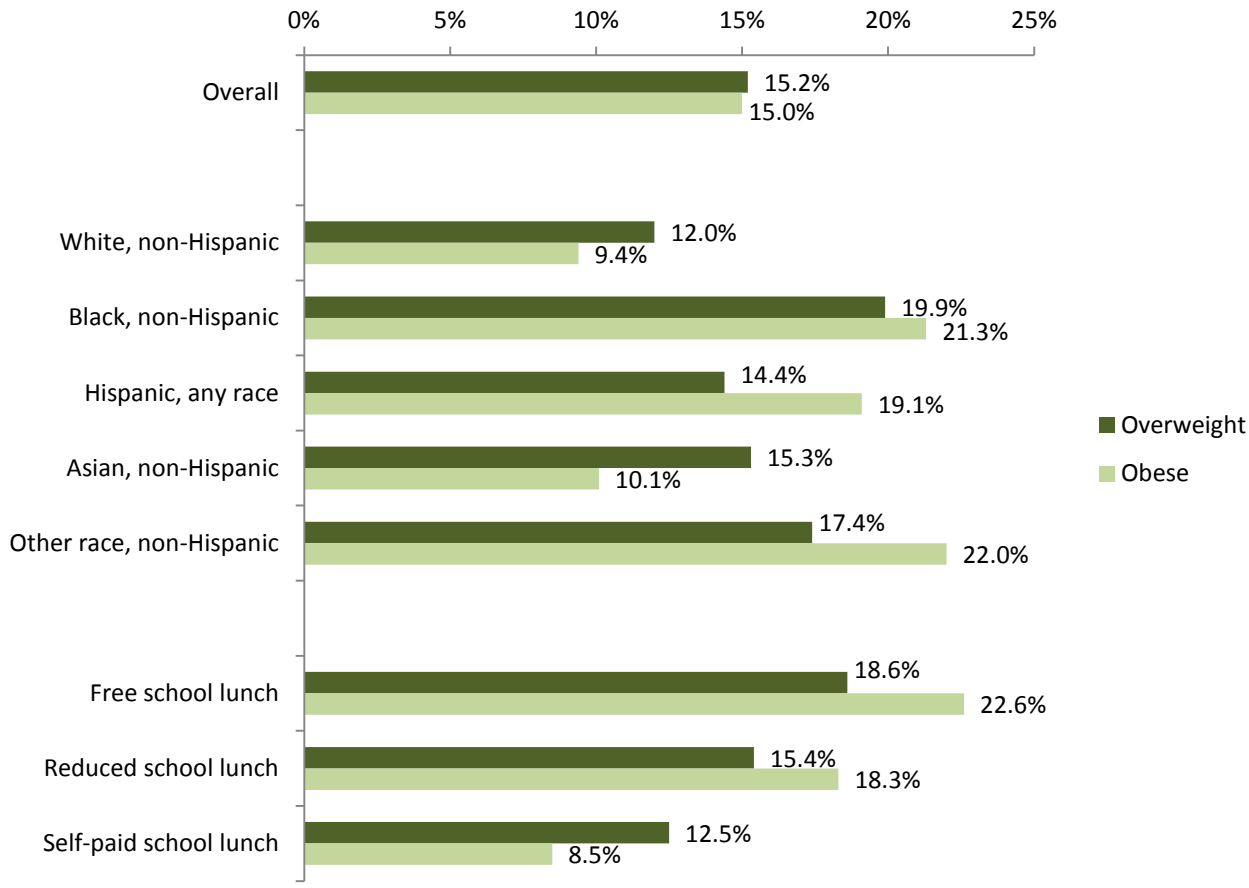
DATA SOURCE: Cambridge Public Health Department, Cambridge Health Indicators, 2013 *and* Cambridge Public Health Department, Summary of Results from Cambridge Middle Grades Health Survey, 2012-2013.
NOTES: Middle school student data covers grades 6 through 8, years 2012-2013; High school student data covers grades 9 through 12, years 2011-2012; 'Vigorous exercise' is defined as exercising or participating in sports for at least 20 minutes that made you sweat and breathe hard 3 or more days a week

Cambridge was also noted by many focus groups members for its variety of healthy eating options like supermarkets where healthy food was available and farmer's markers. Several respondents also spoke positively of changes in school menus to include healthier choices. However, the high cost of food was noted as a barrier for some. As one focus group member stated, *"Natural food is very expensive."* Another focus group member reported that "*income limits food choices."* Food insecurity was an issue several interviewees noted in that lower income families were more likely to go hungry or consume cheaper fast food with little nutritional value.

Despite the city's many assets and efforts to promote a healthy lifestyle, Cambridge residents frequently mentioned obesity and related chronic diseases as health concerns for the community. Though generally perceptions among focus group and interview participants suggested that obesity rates among Cambridge residents are high, quantitative data indicate that rates are decreasing among youth.

Figure 17 illustrates the percentage of overweight and obese youth in Cambridge Public Schools, stratified by race and lunch status in the 2011-2012 school year. Overall, 16.3% of Cambridge Public School students were overweight and an additional 15.8% were obese. Black, non-Hispanic students (20.7%) were most likely to be overweight while students who identify as 'other race' were most likely to be obese (25.5%). Using lunch status as an indication of household income, students in the 'free school lunch' program were more likely than 'reduced school lunch' and 'self-paid school lunch' students to be either overweight or obese.

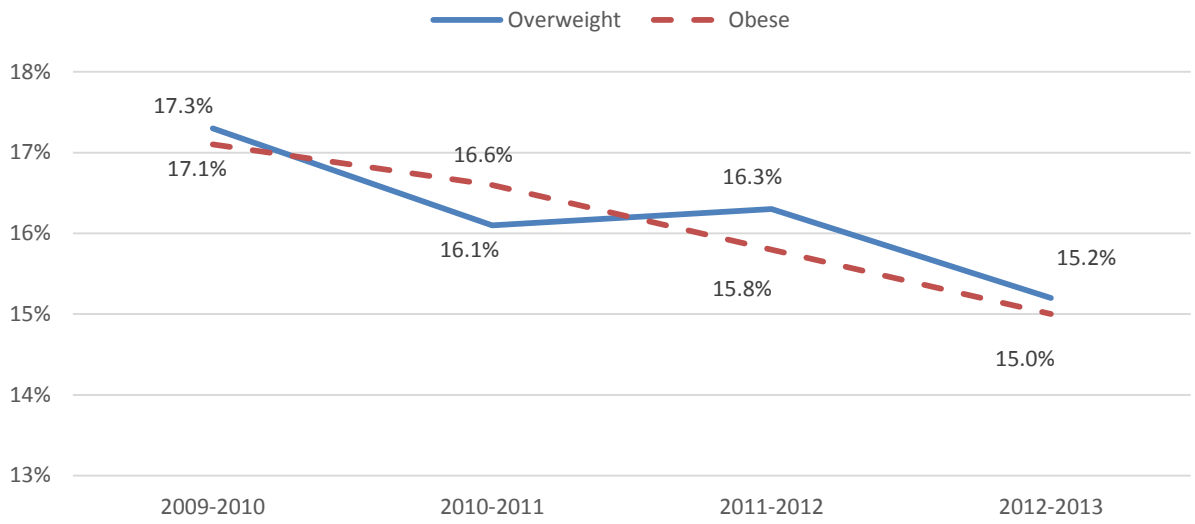
Figure 17: Percentage of Overweight or Obese Youth in Cambridge Public Schools by Race and Lunch Status, 2012-2013



DATA SOURCE: Cambridge Public Health Department, Cambridge Youth Weight Surveillance, 2012-2013.
NOTE: BMI percentiles are based on a child's height and weight, compared to other children of the same age and gender, and are calculated using methods provided by the Centers for Disease Control and Prevention (CDC) by the Cambridge Public Health Department. Students were classified based on BMI percentiles, with overweight defined as BMI≥85th and <95th percentile and obese defined as BMI ≥95th percentile.

Since 2009 the percent of Cambridge youth that is overweight or obese has been decreasing (Figure 18). In the 2009-2010 school year, 17.3% of youth were overweight and 17.1% were obese. In the most recent school year, those numbers were 15.2% and 15.0%, respectively.

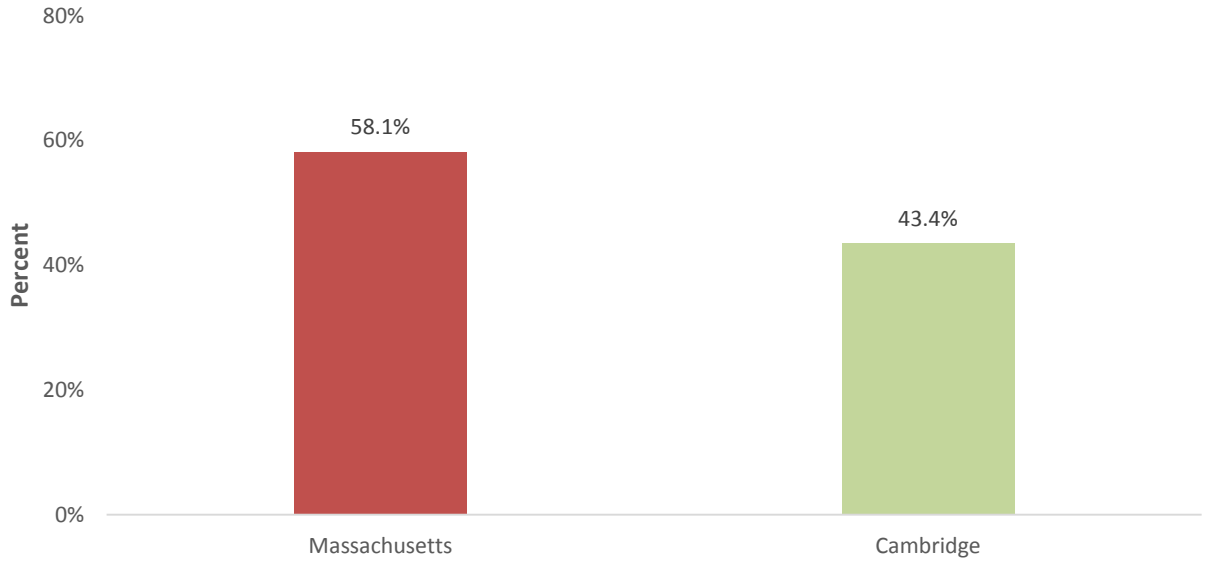
Figure 18: Trend Data on Percentage of Overweight or Obese Youth in Cambridge Public Schools, 2009-2013



DATA SOURCE: Cambridge Public Health Department, Cambridge Youth Weight Surveillance, 2009-2013.
NOTE: BMI percentiles are based on a child's height and weight, compared to other children of the same age and gender, and are calculated using methods provided by the Centers for Disease Control and Prevention (CDC) by the Cambridge Public Health Department. Students were classified based on BMI percentiles, with overweight defined as BMI≥85th and <95th percentile and obese defined as BMI ≥95th percentile.

Adults in Cambridge (43.4%) are less likely than adults across the state (58.1%) to be overweight or obese (Figure 19). Specifically for obesity (BMI≥30), approximately 1 in 8 Cambridge adults (12.5%) are considered obese compared to 21.5% in the state, according to the Behavioral Risk Factor Surveillance Survey as cited in the 2013 Cambridge Health Indicators report.

Figure 19: Percentage of Overweight and Obese Adults by State and City, 2008



DATA SOURCE: Cambridge Public Health Department, Cambridge Health Indicators: Broad Measures of Health for Cambridge, Massachusetts, and the United States, 2013.
Note: Overweight and obese defined as having a calculated BMI ≥25.0 based on self-report height and weight.

Chronic Disease

> *"We have a national epidemic of non-communicable diseases - basically obesity and lack of exercise caused heart conditions and diabetes among others. Much more priority should be given to this in Cambridge with programs, information, education, etc."*—Survey respondent

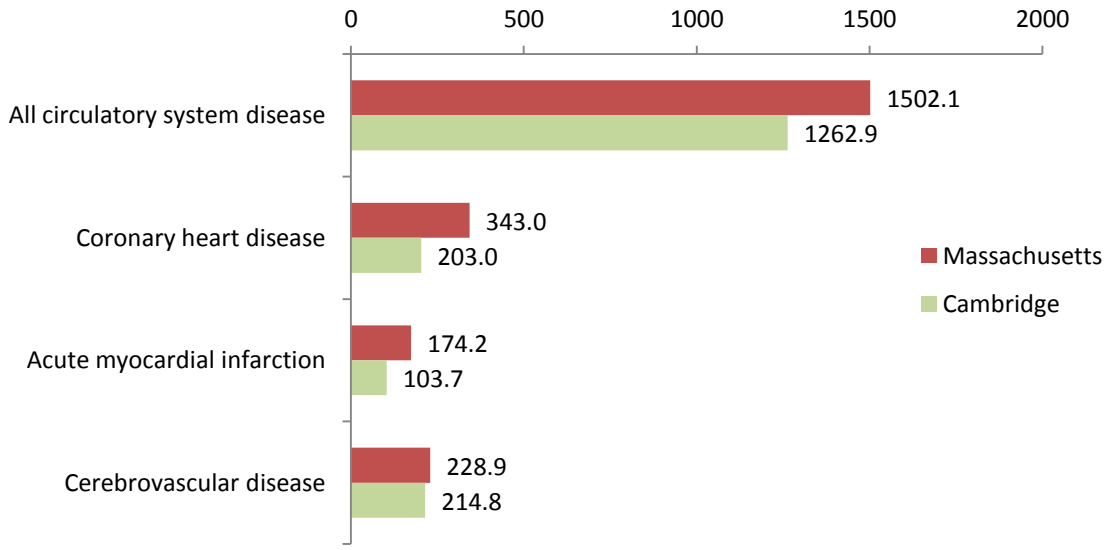
> *"Obesity-related conditions such as diabetes, hypertension, and metabolic syndrome are important issues in this city."*—Key informant interview participant

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 mentioned specifically in relation to conversations about obesity, health care access, housing conditions, and air quality. Interviewees and focus group participants discussed the inter-relationships between economic challenges and chronic conditions in the sense that not having access to healthy foods, affordable housing, or health care can exacerbate the onset of chronic disease.

Cardiovascular (Heart) Disease

As illustrated in Figure 20, the rate of hospitalizations for circulatory system diseases in Cambridge is lower than for the state. When broken down into sub-categories, data illustrate cerebrovascular disease (stroke) hospitalization is the most common circulatory system disease among Cambridge residents (214.8 per 100,000 population). However, despite hospitalization related to stroke being more common, Table 17 shows that Cambridge residents are less likely to die from stroke than heart disease.

Figure 20: Rate of Circulatory System Disease Hospitalization per 100,000 Population by State and City, 2009



DATA SOURCE: Cambridge Public Health Department. Cambridge Health Indicators: Broad Measures of Health for Cambridge, Massachusetts, and the United States, 2013.

Table 17: Rate of Major Cardiovascular Disease Mortality per 100,000 Population by State and City, 2009

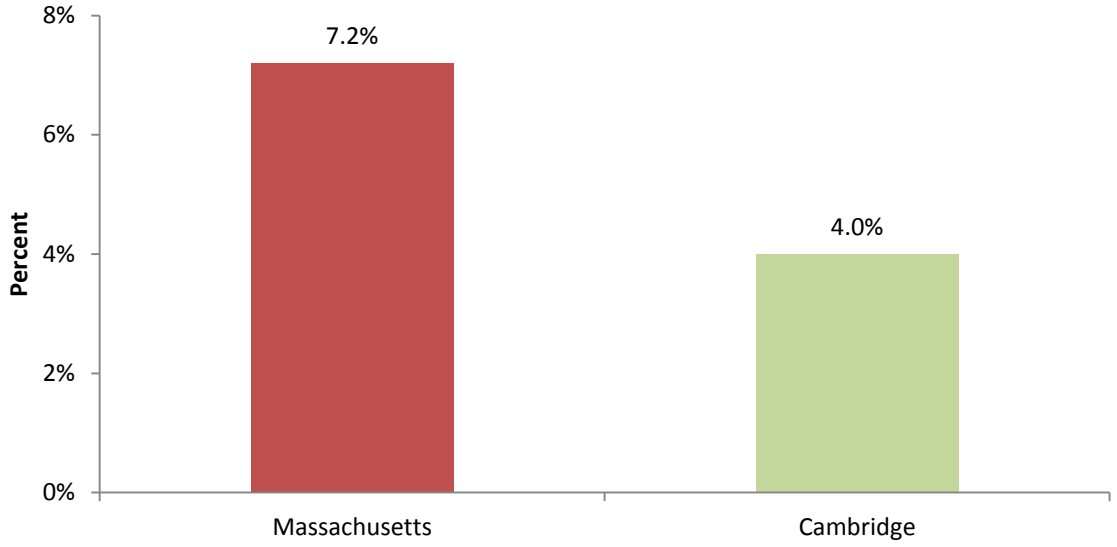
	All major cardiovascular disease	Heart disease (includes acute myocardial infarction)	Cerebrovascular disease (stroke)
Massachusetts	199.1	153.9	31.9
Cambridge	150.9	122.9	21.0

DATA SOURCE: Cambridge Public Health Department. Cambridge Health Indicators: Broad Measures of Health for Cambridge, Massachusetts, and the United States, 2013.

Diabetes

According to Cambridge Public Health Department data, Cambridge has about 4.0% of adults who reported ever having been told by a health provider that they have diabetes, lower than the state (7.2%) (Figure 21).

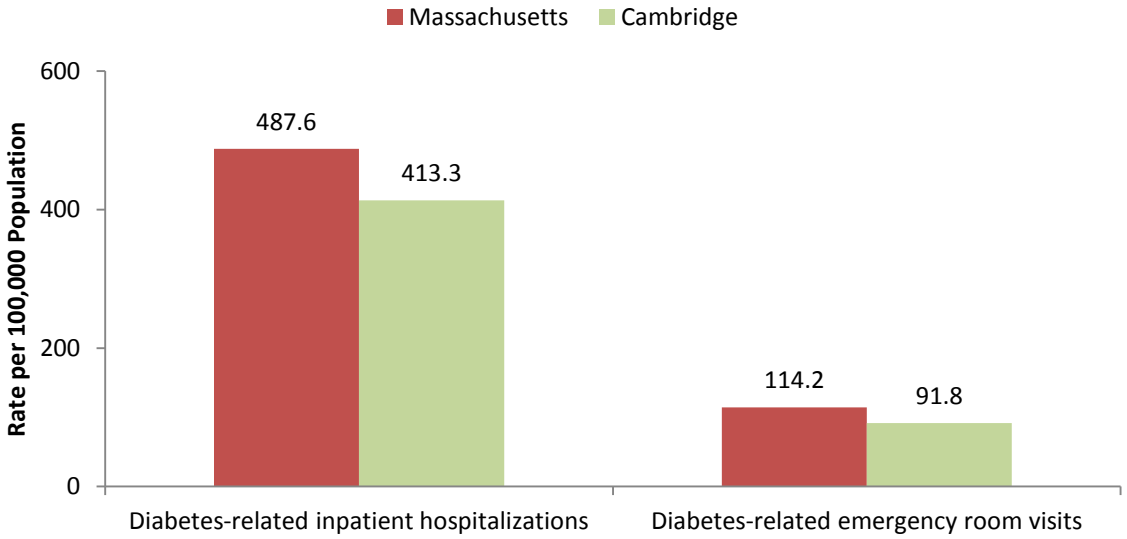
Figure 21: Percentage of Adults Who Report They Have Ever Been Told They Had Diabetes by State and City, 2008



DATA SOURCE: Cambridge Public Health Department. Cambridge Health Indicators: Broad Measures of Health for Cambridge, Massachusetts, and the United States, 2013.

As seen in Figure 22, the rates for adult inpatient hospitalizations and Emergency Department (ED) visits for diabetes in Cambridge are slightly lower than for the state.

Figure 22: Rate of Diabetes Related Adult Inpatient Hospitalizations and Emergency Department Visits per 100,000 Population by State and City, 2005-2010



DATA SOURCE: Cambridge Public Health Department. Cambridge Health Indicators: Broad Measures of Health for Cambridge, Massachusetts, and the United States, 2013.

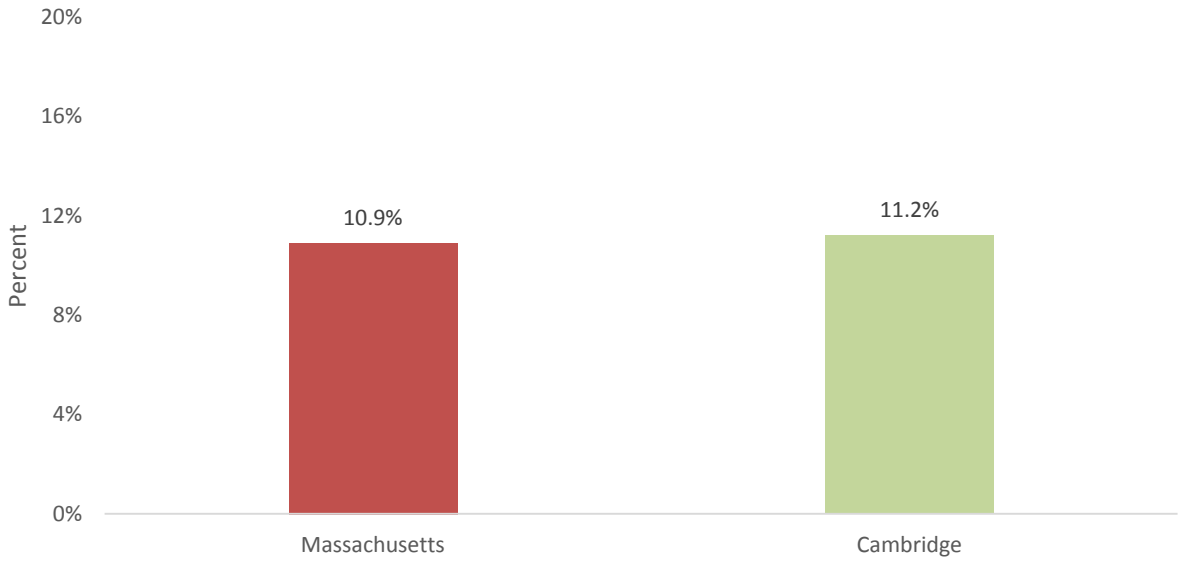
Data from Cambridge students' school health records analyzed by the Massachusetts Department of Public Health indicate 6 students in Grades K-8 had Type 1 diabetes and 1 student in Grades K-8 had Type 2 diabetes in 2008-2009, the most current year data are available. When examining the childhood diabetes rate per 100,000 students so as to be comparable to the rest of the state, results show Cambridge's childhood K-8 diabetes rate is not statistically significantly different than the rate in Massachusetts overall.[6]

[6]Massachusetts Department of Public Health, Environmental Health Investigations, Diabetes Prevalence, 2008-2009 < http://www.mass.gov/eohhs/gov/departments/dph/programs/environmental-health/investigations/diabetes-prevalence/diabetes-prevalence.html>

Asthma

Quantitative data show asthma prevalence among Cambridge youth in K-8th Grade to be 11.2%, similar to what is reported statewide (10.9%) (Figure 23).

Figure 23: Asthma Prevalence among Children Enrolled in Grades K-8 by State and City, 2008-2009

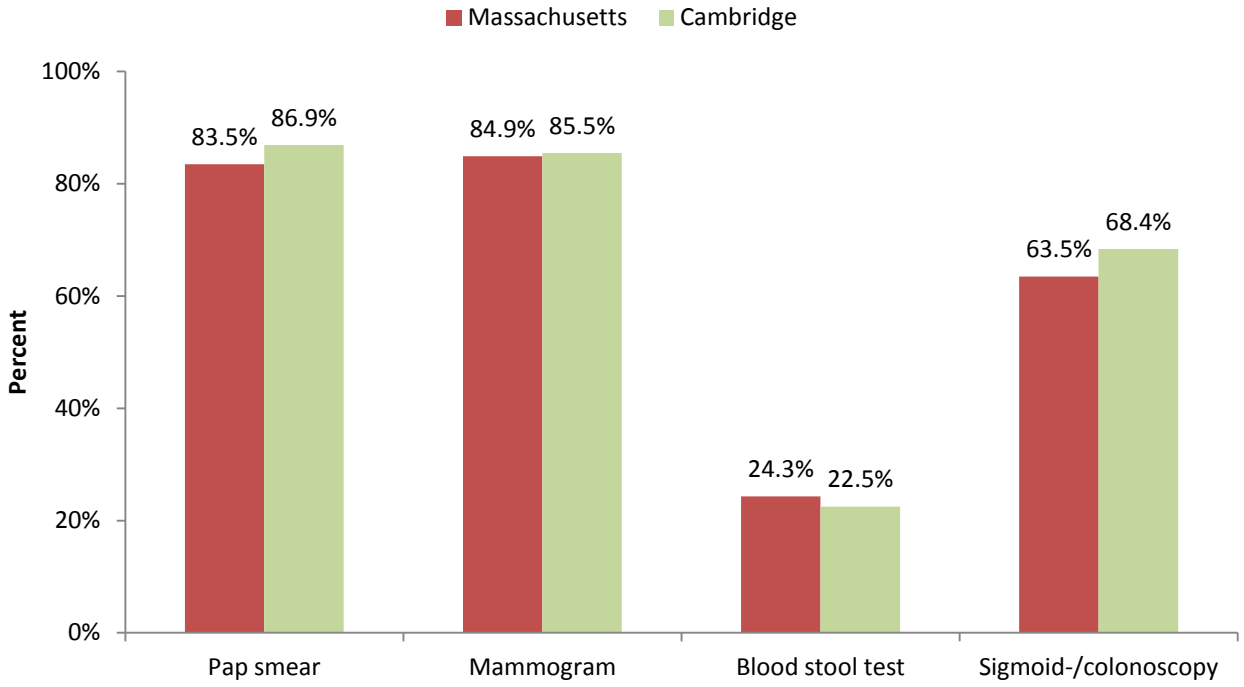


DATA SOURCE: DATA SOURCE: Massachusetts Department of Public Health, Bureau of Environmental Health, Pediatric Asthma in Massachusetts, 2008-2009.
<http://www.mass.gov/eohhs/docs/dph/environmental/tracking/asthma-08-09.pdf>

Cancer

Figure 24 illustrates the percentage of Cambridge and state residents who engaged in preventive cancer screenings in 2008. Slightly higher percentages of Cambridge adults underwent pap smears, mammograms, and a sigmoidoscopy or colonoscopy than did Massachusetts adults. Among the preventive cancer screenings, the blood stool test is the least common among Cambridge and state residents alike.

Figure 24: Percentage of Adults Receiving Preventive Cancer Screenings by State and City, 2008



DATA SOURCE: Cambridge Public Health Department. Cambridge Health Indicators: Broad Measures of Health for Cambridge, Massachusetts, and the United States, 2013.
NOTE: Pap smear: within past 2 years, women aged 18+; Mammogram: within past 2 years, women aged 40+; Blood stool test: within past 2 years, adults aged 50+; Sigmoidoscopy/colonoscopy: within past 5 years, adults aged 50+

Table 18 and Table 19 present the data for cancer incidence and mortality among men and women. For men, prostate cancer (159.5 per 100,000 population) is the cancer type with the largest number of new cases (incidence) for men in Cambridge, followed by lung and bronchus cancer (67.0 per 100,000 population) (Table 18). However, as seen in Table 19, lung cancer is the leading cause of cancer *mortality* among men.

Among Cambridge women, breast cancer has the highest incidence rate (147.1 per 100,000 population) followed by lung and bronchus cancer (Table 18); although again, lung cancer is the leading cause of cancer *mortality* (35.1 per 100,000 population) (Table 19).

Table 18: Rates of Leading Cancer Incidence per 100,000 Population by Gender, State, and City, 2008

	Massachusetts	Cambridge
Male cancer incidence rate, all types	578.3	484.8
Prostate	155.6	159.5
Lung and bronchus	79.0	67.0
Colon/rectum (invasive)	51.0	49.4
Female cancer incidence rate, all types	473.7	468.4
Breast (invasive)	140.9	147.1
Lung and bronchus	65.8	64.6
Colon/rectum (invasive)	39.3	39.5

DATA SOURCE: Cambridge Public Health Department. Cambridge Health Indicators: Broad Measures of Health for Cambridge, Massachusetts, and the United States, 2013.

Table 19: Rates of Leading Causes of Cancer Mortality per 100,000 Population by Gender, State, and City, 2009

	Massachusetts	Cambridge
Male cancer mortality rate, all types	209.2	150.0
Lung	58.8	44.0
Prostate	21.6	–
Colon/rectum	18.7	–
Female cancer mortality rate, all types	152.4	40.3
Lung	41.8	35.1
Breast	22.0	–
Colon/rectum	12.7	–

DATA SOURCE: Cambridge Public Health Department. Cambridge Health Indicators: Broad Measures of Health for Cambridge, Massachusetts, and the United States, 2013.
NOTE: '–' indicates data were not available

Substance Use and Abuse

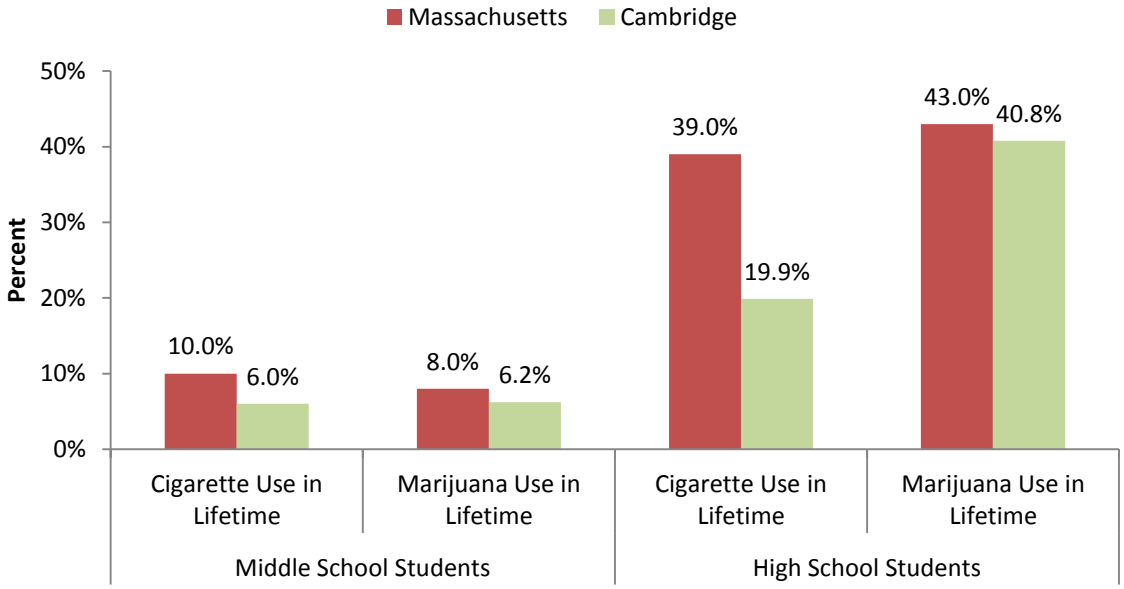
> *"Cambridge is a hotbed for drugs."*—Focus group participant
>
> *"Public drunkenness is tolerated [too much]."*—Focus group participant
>
> *"For drug abuse, you have to commit a crime in order to get help."*—Focus group participant
>
> *"Parents need to be educated because if parents use drugs, their kids will also likely use drugs."*—Key informant interview participant

***Substance use, particularly among youth and the homeless, was mentioned frequently as a health concern in the community by focus group participants, interviewees, and survey respondents*.** Residents especially noted concerns about substance use in the Central Square area and among the homeless population. 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.

Focus group participants also reported concerns about prescription drugs abuse among both adults and youth, and rates of alcohol and marijuana use among youth. Specifically, few residents wondered about the implications of marijuana legalization on the use of marijuana in the community.

The Cambridge Public Health Department disseminates self-reported drug use statistics specific to tobacco and marijuana use among youth as collected by the Cambridge Middle Grades Health Survey (Grades 6-8) and Cambridge Teen Health Survey (Grades 9-12). Represented in Figure 25, these data illustrate high school students are far more likely than middle school students to report participating in drug use. While marijuana use among high school students in Cambridge was slightly less than reported across the state, fewer Cambridge high school students (19.9%) indicated smoking cigarettes than high school students across the state (39.0%).

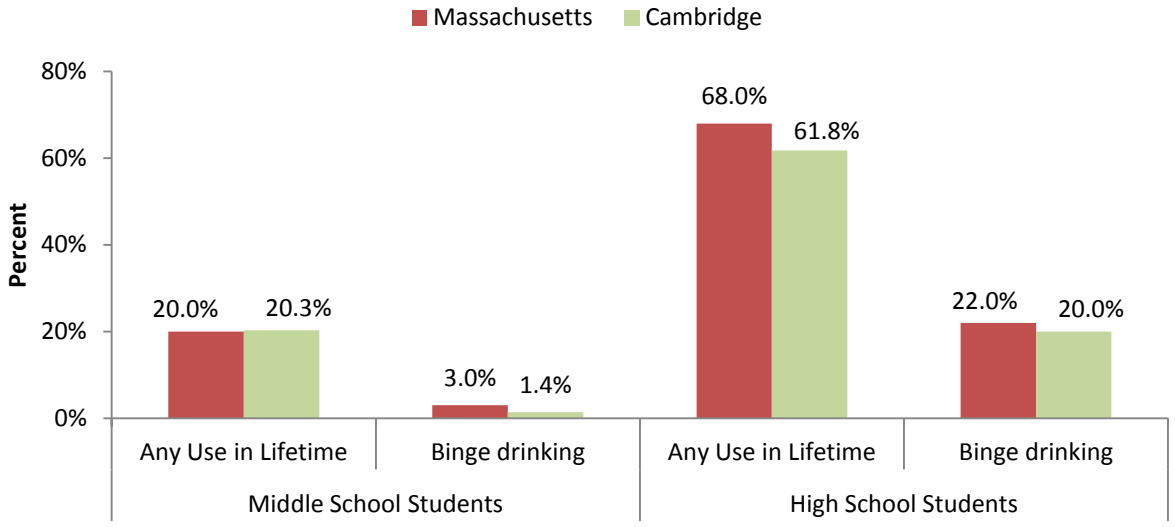
Figure 25: Percentage of Youth Reporting Drug Use by State and City, 2010-2012



DATA SOURCE: Cambridge Public Health Department. Cambridge Health Indicators: Broad Measures of Health for Cambridge, Massachusetts, and the United States, 2013.
NOTES: Middle school student data covers grades 6 through 8, years 2010-2011; High school student data covers grades 9 through 12, years 2011-2012; Massachusetts middle and high school student data is from 2011

Figure 26 illustrates the majority of high school students report having consumed alcohol ever in their lifetime, while 20% have indicated engaging in binge drinking. These percentages were slightly lower than reported for the state. Fewer than 2% of Cambridge middle school students reported binge drinking, though 20.3% reported alcohol consumption at some point in their lifetime.

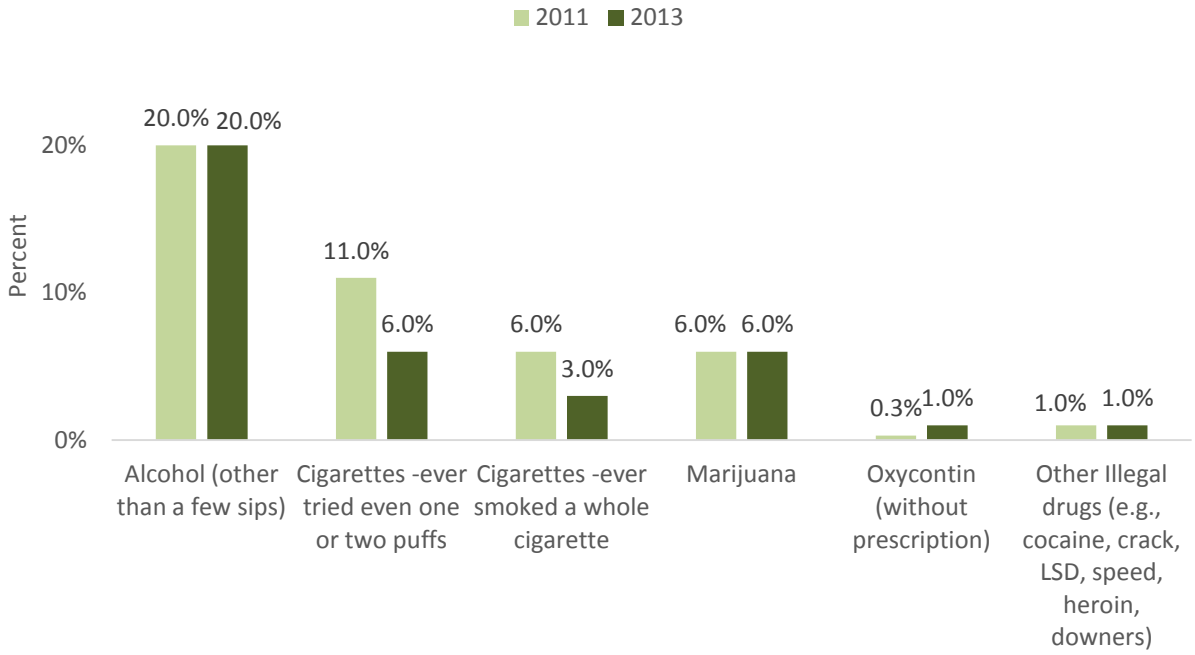
Figure 26: Percentage of Youth Reporting Alcohol Use by State and City, 2010-2012



DATA SOURCE: Cambridge Public Health Department. Cambridge Health Indicators: Broad Measures of Health for Cambridge, Massachusetts, and the United States, 2013.
NOTES: Middle school student data covers grades 6 through 8, years 2010-2011; High school student data covers grades 9 through 12, years 2011-2012; Massachusetts middle and high school student data is from 2011; "binge drinking" is defined as over a period of the 30 days prior to survey administration

Figure 27 illustrates substance use reported by students in grades 6 through 8 in 2011 and 2013. Alcohol is the most commonly used substance among Cambridge middle school students, with 20.0% reporting lifetime use in both 2011 and 2013. Cigarette use has decreased since 2011 with 6.0% of middle school students reporting having ever tried a cigarette in 2013 as compared to 11.0% in 2011, and 3.0% reporting having ever smoked a whole cigarette in 2013 as opposed to 6.0% in 2011. Marijuana use remained consistent from 2011 to 2013 (6.0%).

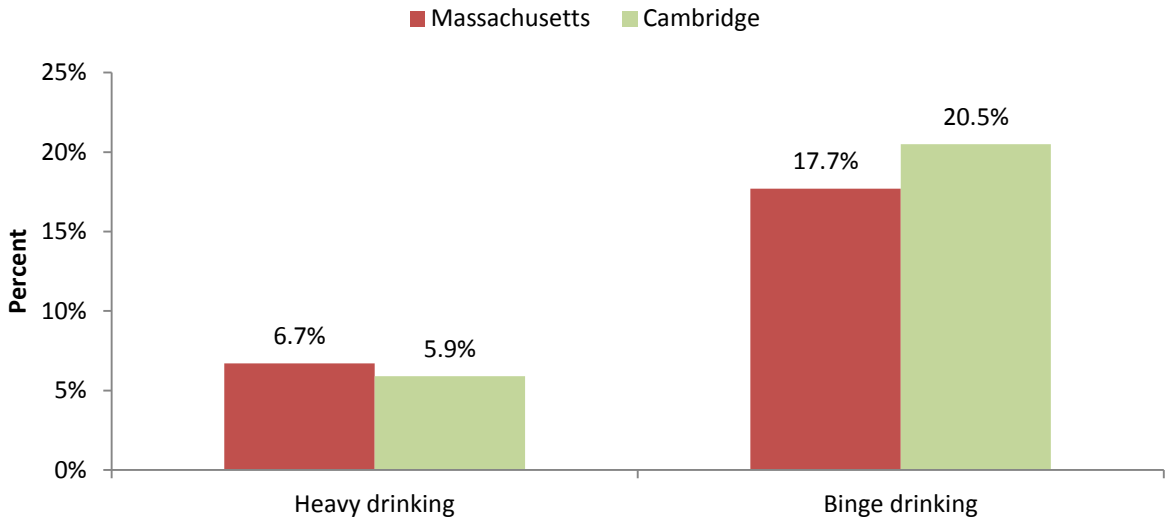
Figure 27: Lifetime Substance Use among Middle School Students (Grades 6-8) in Cambridge, 2011-2013



DATA SOURCE: Cambridge Public Health Department, Summary of Results from Cambridge Middle Grades Health Survey, 2010-2011 and 2012-2013.
NOTE: Lifetime use is defined as any use in one's lifetime

Although slightly fewer Cambridge adults (5.9%) reported participating in heavy drinking than did adults across the state (6.7%), slightly more indicated binge drinking (20.5%) than did adults in the state (17.7%) (Figure 28).

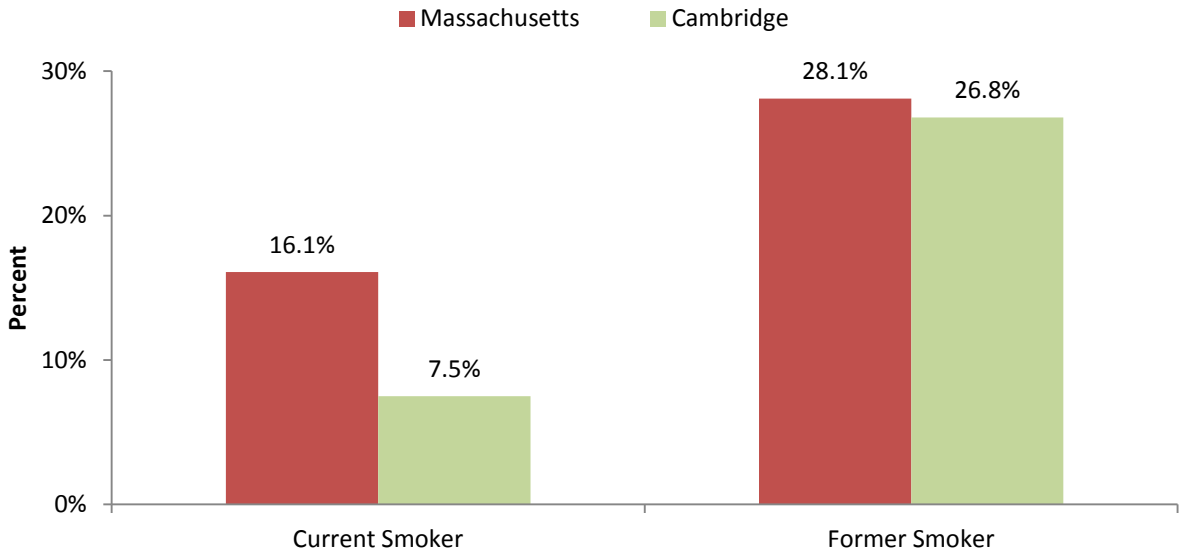
Figure 28: Percentage of Adults Using Alcohol by State and City, 2008



DATA SOURCE: Cambridge Public Health Department. Cambridge Health Indicators: Broad Measures of Health for Cambridge, Massachusetts, and the United States, 2013.
NOTES: "Heavy drinking" is defined as men who consumed 3+ alcoholic drinks per day or women who consumed 2+ alcoholic drinks per day on average in the past week or month; "Binge drinking" is defined as consumption of 5+ alcoholic drinks (men) or 4+ alcoholic drinks (women) on one occasion over a period of the month prior to survey administration

As seen in Figure 29, 7.5% of Cambridge adults report being current smokers, which is less than half of that reported for Massachusetts. Slightly over one-fourth of Cambridge adults identify as former smokers.

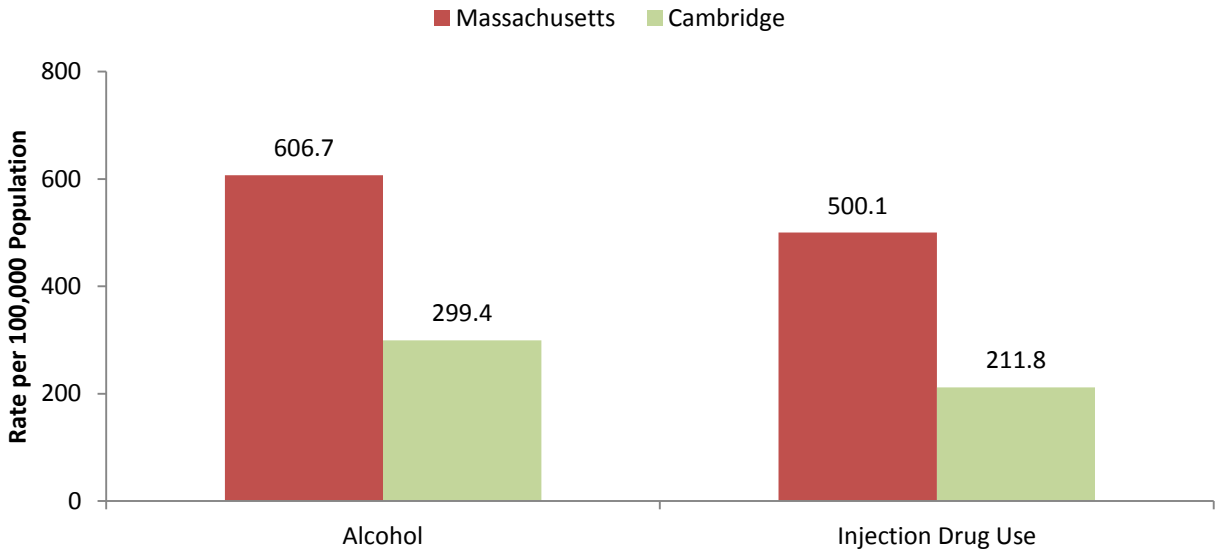
Figure 29: Tobacco Use among Adults in Cambridge, 2008



DATA SOURCE: Cambridge Public Health Department. Cambridge Health Indicators: Broad Measures of Health for Cambridge, Massachusetts, and the United States, 2013.
NOTES: "Current smoker" defined as smoked 100+ cigarettes in lifetime and now smoke every day or some days; "Former smoker" defined as smoked 100+ cigarettes in lifetime and currently do not smoke

As seen in Figure 30 the rates of adult admissions to state funded treatment programs for alcohol and injection drug use are higher in Massachusetts than in the city of Cambridge.

Figure 30: Rate of Adult Admissions to State Funded Treatment Programs per 100,000 Population by Primary Substance and by State and City, 2010



DATA SOURCE: Cambridge Public Health Department. Cambridge Health Indicators: Broad Measures of Health for Cambridge, Massachusetts, and the United States, 2013.

Mental Health

> *"There is a gap in opportunities for people with mental health issues for both young people and adults."*—Focus group participant

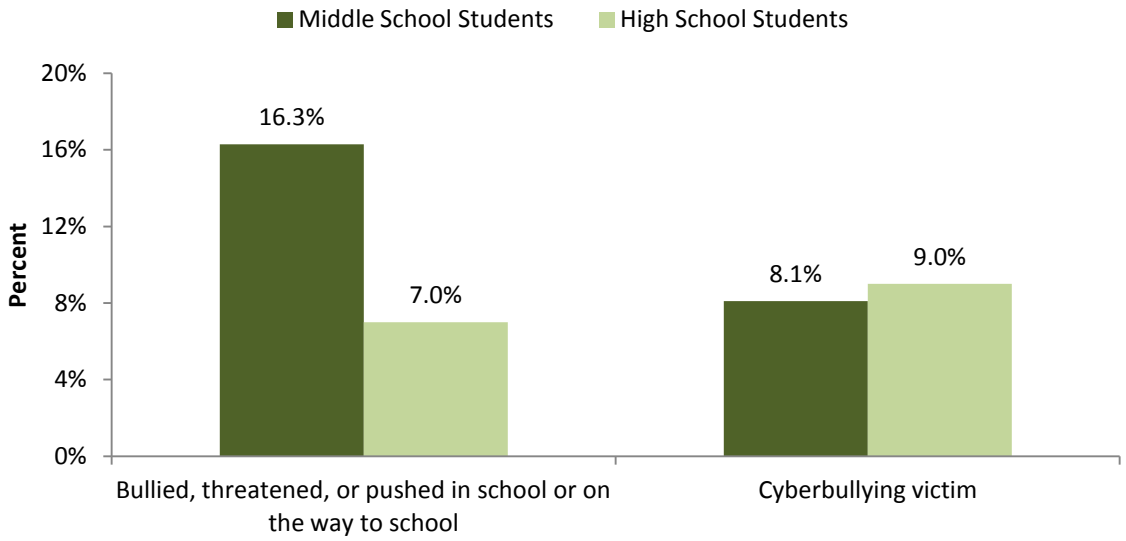
> *"There is a lack of knowledge about mental health and a reluctance to use mental health services and seek mental health treatment, especially among new immigrants."*
> —Key informant interview participant

> *"[We should] work with families to identify people with mental health problems, so that families, friends and neighbors can help refer them to services. We can also create opportunities for people with mental health issues to contribute in a meaningful way to community improvement."*—Focus group participant

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. Additionally, some residents noted a need for more early identification services, especially in non-English speaking communities. As one interviewee stated, *"There's an issue with identifying which kids need early intervention, especially among immigrant communities. There isn't enough programming for early intervention."* Participants commented on the challenge of accessing mental health services offered in other languages. In addition, cost was noted as a barrier to care. As one interviewee explained, *"The problem for accessing mental health services is that clinicians are in practice, and they service those who can pay. Often the mental health providers won't accept insurance."* A couple of residents shared that there have been some recent efforts to address mental illness in the community including an initiative by the police department focusing on those with chronic mental health issues and the homeless.

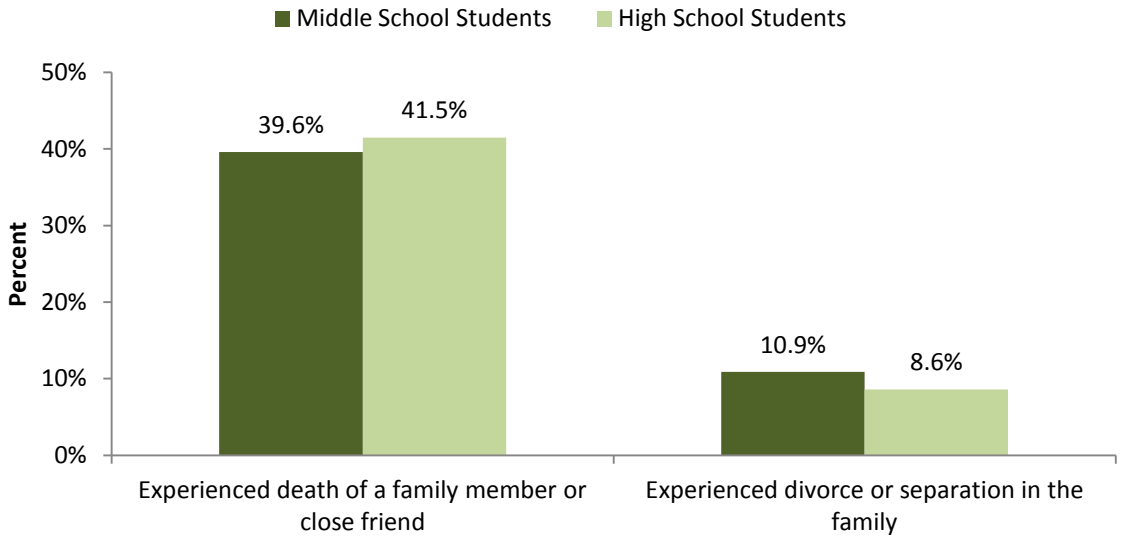
Quantitative data show various stressors affecting the mental health of Cambridge youth. For example, 16.3% of Cambridge middle school students were victims of physical bullying either in or on the way to school in the past 12 months, while only 7.0% of high school students reported the same (Figure 31). Conversely, a slightly higher percent of high school students were cyberbullied. Cyberbullying is defined as having received mean or threatening email, text messages, or chats. Other experiences affecting mental health among youth are captured in Figure 32, where 41.5% of high school students and 39.6% of middle school students reported having experienced the death of a family member or close friend. Furthermore, 8.6% of high school students and 10.9% of middle school students reported experiencing divorce or separation in their families (Figure 32). Also, according to the Cambridge Public Health Department, in 2008 11.6% of adults in Cambridge reported a mental health condition or emotional problem.

Figure 31: Bullying, Harassment, and Violence Experienced in Past 12 Months as Reported by Youth in Cambridge, 2010-2012



DATA SOURCE: Cambridge Public Health Department. Cambridge Health Indicators: Broad Measures of Health for Cambridge, Massachusetts, and the United States, 2013.
NOTES: Middle school student data from Cambridge covers grades 6 through 8, years 2010-2011; High school student data from Cambridge covers grades 9 through 12, years 2011-2012; 'Cyberbullying' defined as having received mean or threatening email, text messages, or chats

Figure 32: Personal Experiences in the Past 12 Months Affecting Mental Health among Youth in Cambridge, 2010-2012

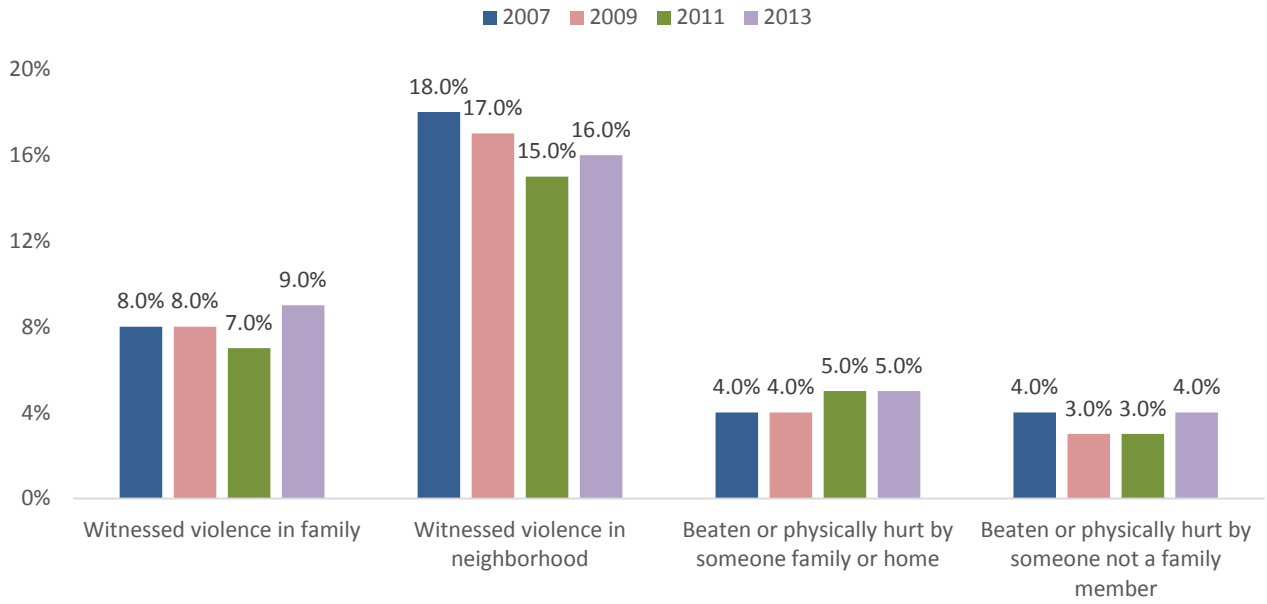


DATA SOURCE: Cambridge Public Health Department. Cambridge Health Indicators: Broad Measures of Health for Cambridge, Massachusetts, and the United States, 2013.
NOTE: Middle school student data from Cambridge covers grades 6 through 8, years 2010-2011; High school student data from Cambridge covers grades 9 through 12, years 2011-2012

Figure 33 illustrates violence-related experiences respondents reported happening to them at least once in the 12 months prior to the survey administration. In 2013, middle school students most often cited having witnessed violence in their neighborhoods (16.0%) followed by witnessing violence in their family

(9.0%). While trend data were largely consistent across indicators, the most variation was noted in a high of 18.0% of students witnessing violence in their neighborhoods in 2007 to a low of 15.0% in 2011.

Figure 33: Trends in Percentage of Middle School Students (Grades 6-8) who had Violence-Related Experiences in the Past 12 Months in Cambridge, 2007-2013



DATA SOURCE: Cambridge Public Health Department, Summary of Results from Cambridge Middle Grades Health Survey, 2012-2013.

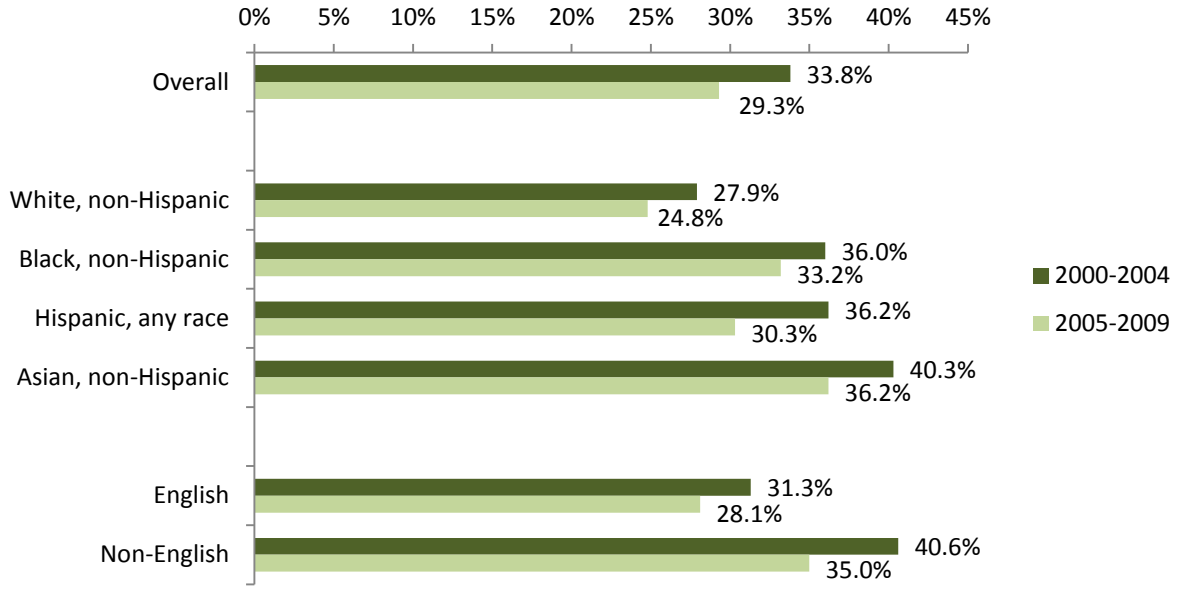
Oral Health

> *"I see access to mental health services and dental healthcare services as issues that span socioeconomic lines. These services are still not accessible or affordable enough for many, and are issues that I experience and see in my social circles."*—Survey respondent
>
> *"I'm concerned about low-income men ages 25-65…diabetes, heart disease, substance issues, and psychiatric problems…These men also don't have adequate dental care."*
> —Key informant interview participant

Some residents, particularly seniors and immigrants, reported challenges to obtaining dental care, including experiencing long wait times for appointments, being charged substantial out-of-pocket costs, and having difficulty finding dentists who will take new patients, those without insurance, or pediatric patients with Medicaid. Several focus group participants commented that those who already are more likely to have serious health conditions, specifically seniors and lower income populations, typically also are more likely to experience serious dental problems. These same populations also have greater limitations to obtaining affordable dental services which exacerbates their challenges.

As illustrated in Figure 34, among students in preschool through grade 4, rates of dental decay have gone down. There has been an overall decrease in the percent of those with untreated decay from 33.8% between 2000 and 2004 to 29.3% between 2005 and 2009 (Figure 34). When stratified by race and ethnicity, non-Hispanic Asian youth are most likely to have untreated decay, followed by non-Hispanic Black youth. Non-English speaking youth are also more likely than English speaking youth to report untreated decay.

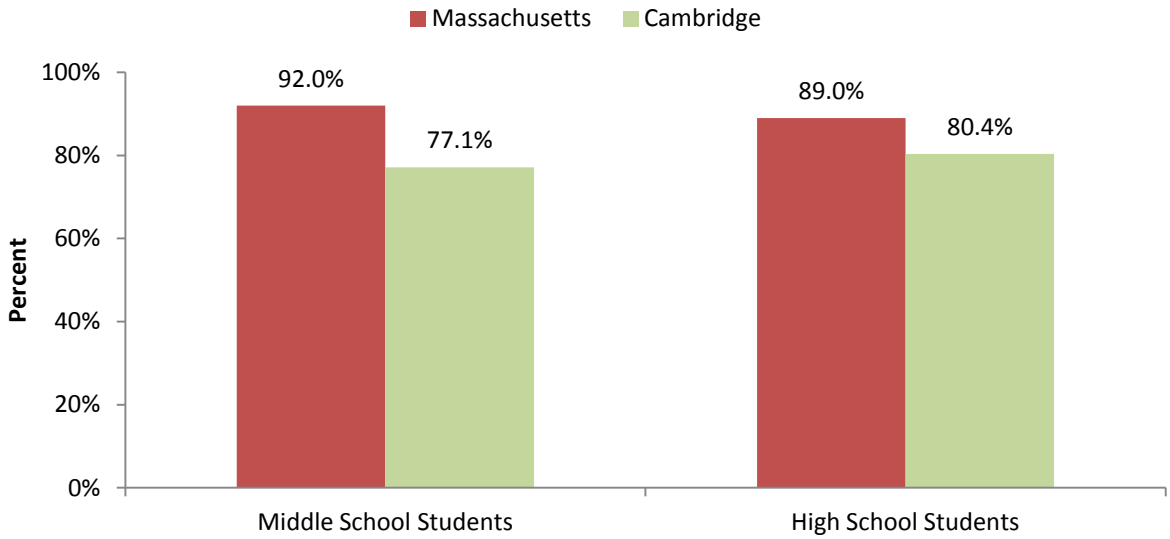
Figure 34: Percentage of Students (preschool-grade 4) with Untreated Decay by Race and Ethnicity and Language Spoken at Home in Cambridge, 2000-2004 and 2005-2009



DATA SOURCE: Cambridge Public Health Department, Children's Oral Health Surveillance Report, 2000-2009.

According to the Cambridge Public Health Department, 77.1% of middle school students and 80.4% of high school students in Cambridge reported seeing a dentist over by the past year (Figure 35). These percentages are slightly lower than those reported for the state.

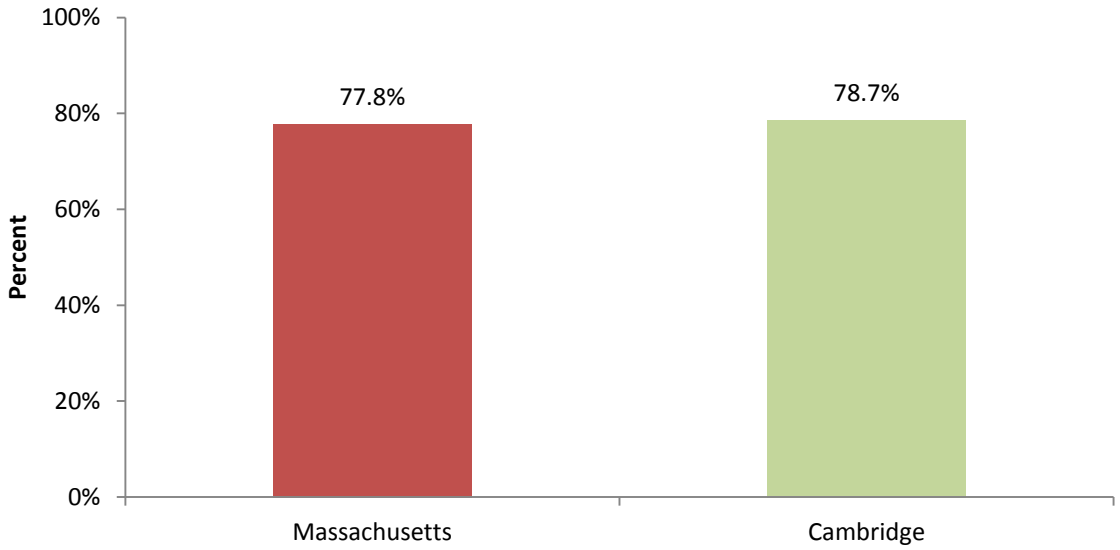
Figure 35: Percentage of Cambridge Youth who Reported Seeing a Dentist over the Past Year, 2010-2012



DATA SOURCE: Cambridge Public Health Department. Cambridge Health Indicators: Broad Measures of Health for Cambridge, Massachusetts, and the United States, 2013.
NOTE: Middle school student data from Cambridge covers grades 6 through 8, years 2010-2011; High school student data from Cambridge covers grades 9 through 12, years 2011-2012; Massachusetts middle and high school student data is from 2011

In 2008 78.7% of Cambridge adults reported having seen a dentist, which was similar to that reported for the state (77.8%) (Figure 36).

Figure 36: Percentage of Adults who Reported Seeing a Dentist over the Past Year by State and City, 2008



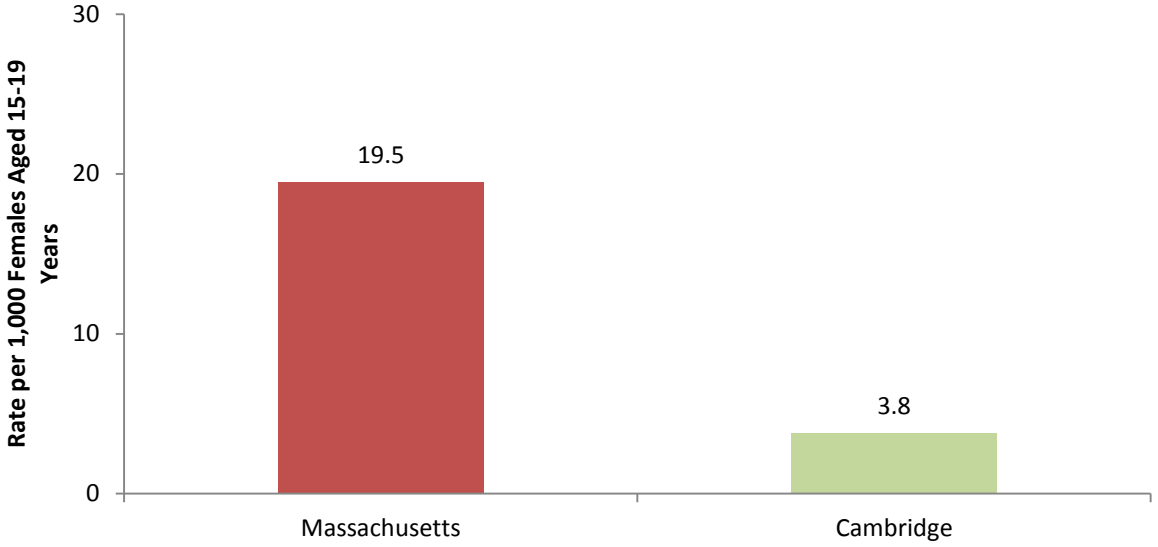
DATA SOURCE: Cambridge Public Health Department. Cambridge Health Indicators: Broad Measures of Health for Cambridge, Massachusetts, and the United States, 2013.

Sexual Health

> *"For young people, sex education and unwanted pregnancies are key issues."*
> —Key informant interview participant

Although risky sexual behaviors were not prominently discussed among focus group respondents and interviewees, a few participants mentioned concerns about teen pregnancy and sexually transmitted infections (STIs). These issues typically were discussed in a larger conversation about youth risk-taking behaviors, including drugs and alcohol use. However, data indicate the teen birth rate in Cambridge (3.8 per 1,000 women aged 15-19) is approximately six times lower than that reported for Massachusetts (19.5 per 1,000 women aged 15-19 years) (Figure 37).

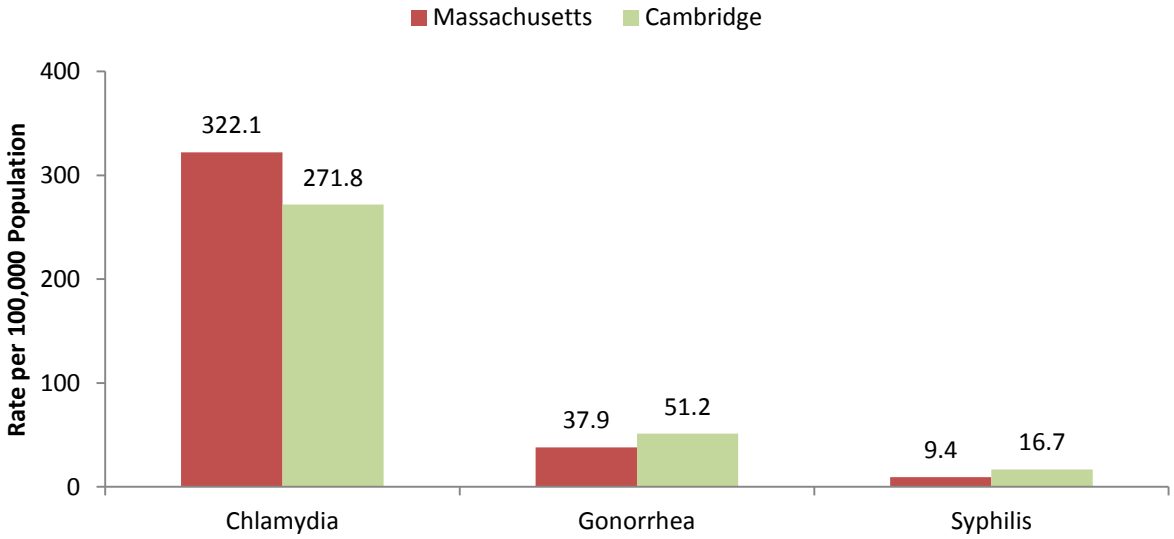
Figure 37: Teenage Birth Rate per 1,000 Females Ages 15-19 by State and City, 2009



DATA SOURCE: Cambridge Public Health Department. Cambridge Health Indicators: Broad Measures of Health for Cambridge, Massachusetts, and the United States, 2013.

A few assessment participants noted they were concerned about risky sexual practices among teens that may lead to sexually transmitted infections. As seen in Figure 38, Chlamydia is by far a more common STI than gonorrhea or syphilis, and Cambridge has a slightly lower rate of Chlamydia (271.8 per 100,000 population) than the state (322.1 per 100,000 population). Gonorrhea and syphilis rates in Cambridge are slightly higher than those reported for the state.

Figure 38: Rate of Sexually Transmitted Infections per 100,000 Population by State and City, 2010



DATA SOURCE: Cambridge Public Health Department. Cambridge Health Indicators: Broad Measures of Health for Cambridge, Massachusetts, and the United States, 2013.

The prevalence rate of HIV/AIDS in Cambridge (376.3 per 100,000 population) is higher than the state (257.4 per 100,000 population) (Table 20). The incidence rate of new HIV cases in Cambridge is also slightly higher than Massachusetts.

Table 20: Rate of HIV/AIDS Incidence and Prevalence per 100,000 Population by State and City, 2008

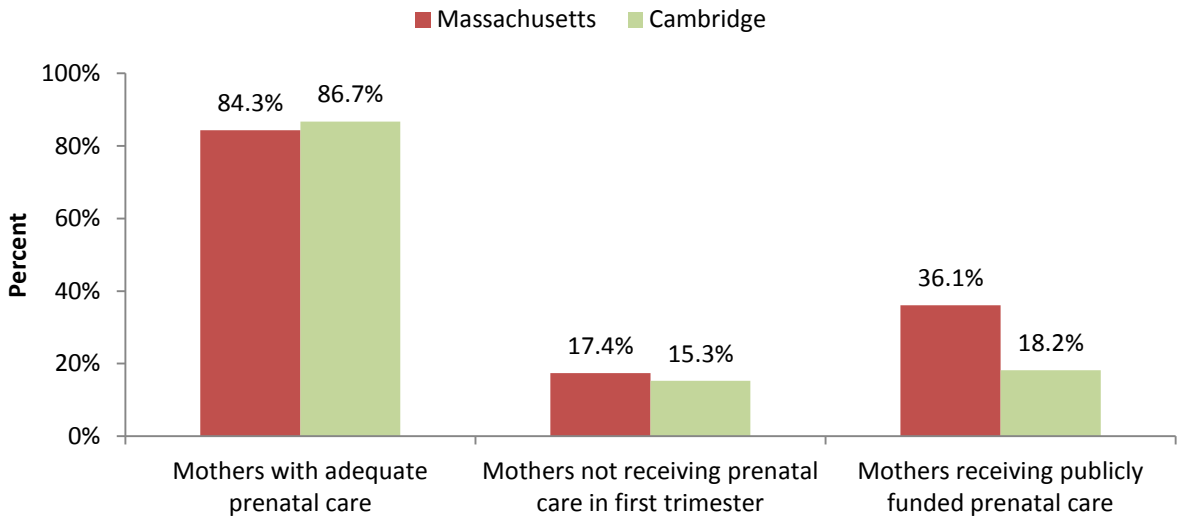
	Massachusetts	Cambridge
HIV Incidence	9.5	11.8
HIV/AIDS Prevalence	257.4	376.3

DATA SOURCE: Cambridge Public Health Department. Cambridge Health Indicators: Broad Measures of Health for Cambridge, Massachusetts, and the United States, 2013.

Maternal and Infant Health

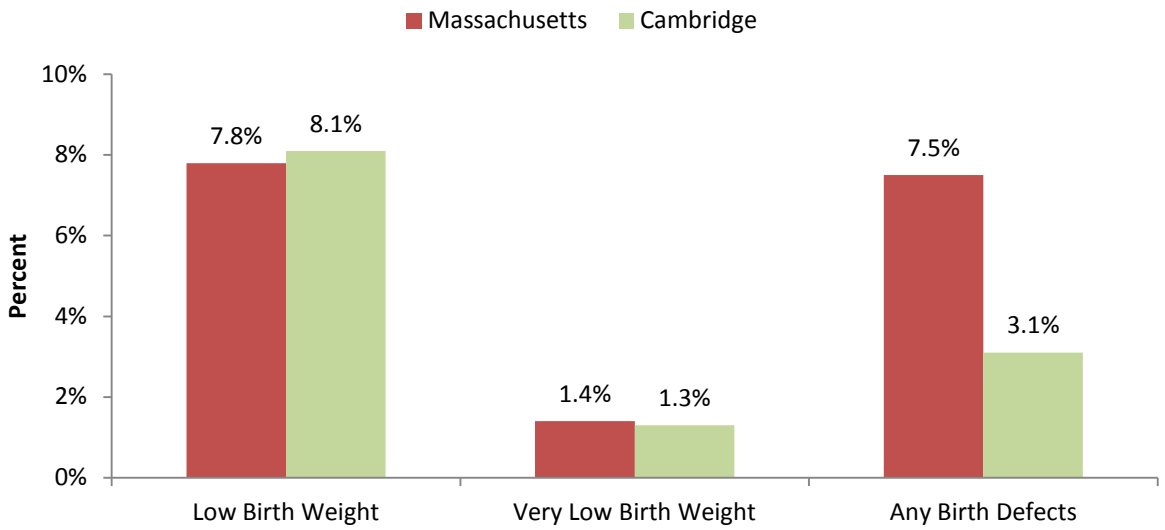
While the health and well-being of mothers, infants, and children are important indicators of community health, these issues rarely were discussed in focus groups and interviews. When examining birth outcomes and prenatal care, data reveal 84.3% of Cambridge mothers received adequate prenatal care in 2009 (based on the Adequacy of Prenatal Care Utilization, which is only slightly lower than for the state (86.7%) (Figure 39). Among Cambridge mothers overall, 36.1% received publicly funded prenatal care. Regarding birth outcomes, the percentage of low birth weight births in Cambridge (8.1%) are slightly higher than in the state (7.8%) (Figure 40). Far fewer birth defects are reported in Cambridge (3.1%) than in the state (7.5%).

Figure 39: Prenatal Care Indicators by State and City, 2009



DATA SOURCE: Cambridge Public Health Department. Cambridge Health Indicators: Broad Measures of Health for Cambridge, Massachusetts, and the United States, 2013.

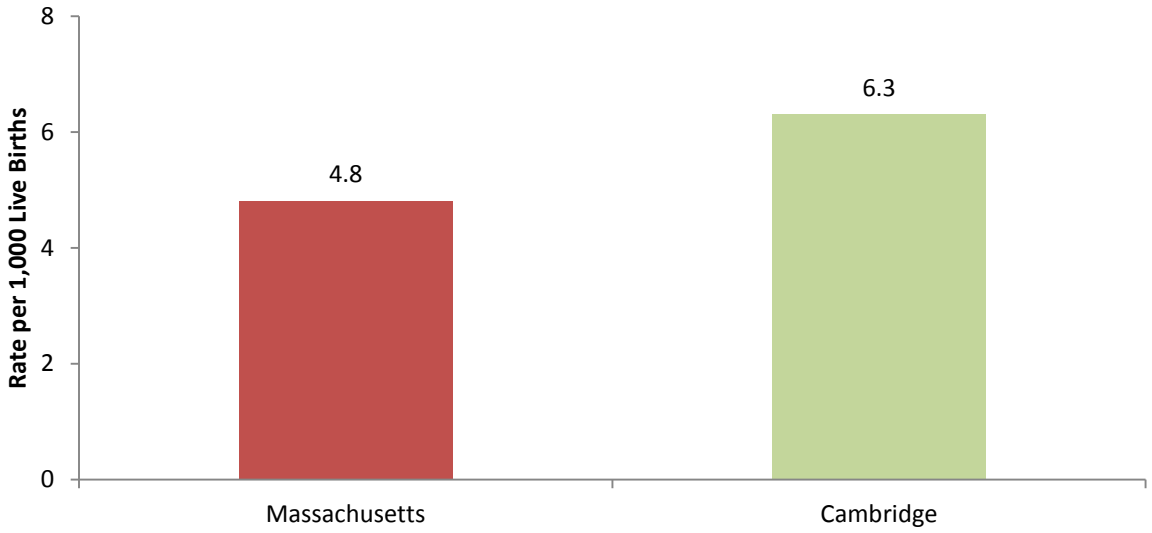
Figure 40: Birth Outcomes by State and City, 2009



DATA SOURCE: Cambridge Public Health Department. Cambridge Health Indicators: Broad Measures of Health for Cambridge, Massachusetts, and the United States, 2013.

Figure 41 shows the infant mortality rate in Cambridge (6.3 per 1,000 live births) is slightly higher than that reported for Massachusetts (4.8 per 1,000 live births).

Figure 41: Infant Mortality Rate per 1,000 Live Births by State and City, 2009



DATA SOURCE: Cambridge Public Health Department. Cambridge Health Indicators: Broad Measures of Health for Cambridge, Massachusetts, and the United States, 2013.

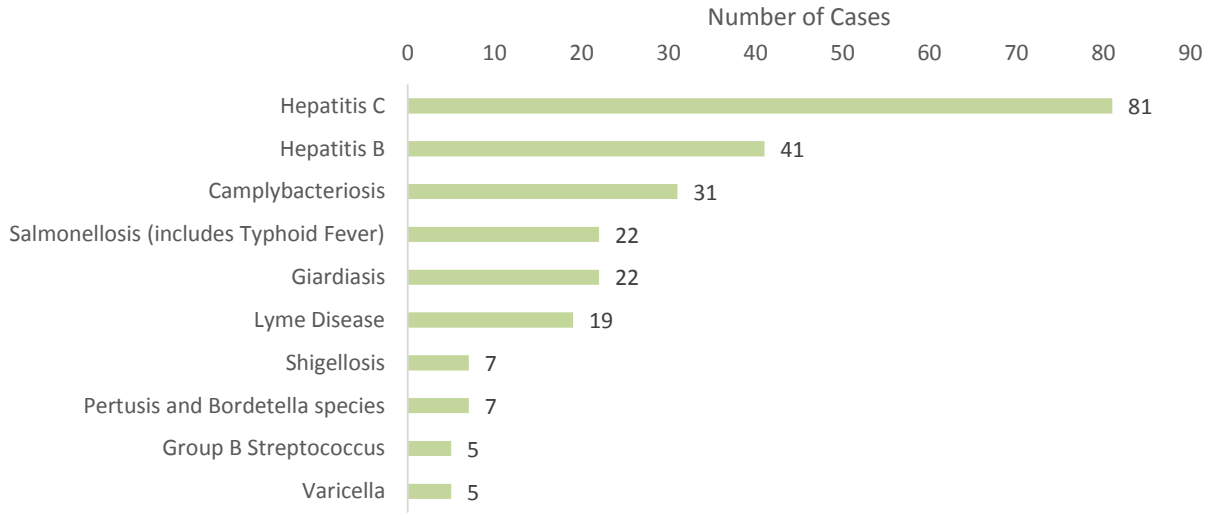
Infectious Disease

While infectious diseases can be an important cause of morbidity, they were rarely mentioned during assessment discussions with focus group and interview participants. Figure 42 presents the most common infectious diseases among Cambridge residents by total number of cases. In 2010, Hepatitis C was the most commonly reported communicable disease among Cambridge residents with a total of 81 cases, nearly two-times as many cases as Hepatitis B (N=41). Hepatitis C is most commonly transmitted

through contact with the blood of an infected person, and Hepatitis B is most commonly acquired through sexual contact, injection drug use, or mother-to-child transmission.[7] Other commonly reported communicable diseases include Campylobacteriosis, Salmonellosis, and Giardiasis –all foodborne illnesses.

To note, these data do not include cases of tuberculosis which are reported directly to the Massachusetts Department of Public Health (see Table 21 for tuberculosis-specific data).

Figure 42: Most Frequent Infectious Diseases among Cambridge Residents by Total Number of Cases, 2010*



DATA SOURCE: Cambridge Public Health Department, Communicable Disease Surveillance Report, 2006-2010.
*Includes confirmed and probable case statuses for all diseases. Count is determined using event date (not the date of notification).
Note: Data do not include cases of tuberculosis (TB) which are reported directly to the Massachusetts Department of Public Health.
Note: There is likely underreporting of Hepatitis B, Lyme disease and influenza as specific case criteria may not have been met.

As reported by the Cambridge Public Health Department, between 2006 and 2010, there were 47 cases of active tuberculosis (TB) in Cambridge verified by the Massachusetts Department of Public Health (Table 21). Thus, the average annual rate of active TB among Cambridge residents was 9.3 per 100,000 population. This was over two times greater than the rate reported at the state level (3.8 per 100,000 population in Massachusetts). Among Cambridge residents, higher risk groups for tuberculosis include non-U.S. born residents, children under age 15, and the homeless.

[7] Daniels D, Grytdal S, Wasley A. Surveillance for Acute Viral Hepatitis: United States, 2007. *Morbidity and Mortality Weekly Reports.* 2009; 58(SS-3): 1-27.

Table 21: Characteristics of Residents with Tuberculosis by State and City, 2006-2010

	Massachusetts (N=1,210)	Cambridge (N=47)
Age (years)		
<15	2.0%	4.0%
15-24	15.0%	21.0%
25-44	37.0%	43.0%
45-64	29.0%	23.0%
65+	18.0%	9.0%
Sex		
Male	58.0%	45.0%
female	42.0%	55.0%
Race		
White, non-Hispanic	20.0%	13.0%
Black, non-Hispanic	27.0%	49.0%
Hispanic	16.0%	4.0%
Asian, non-Hispanic	36.0%	34.0%
2 or more races	<1.0%	0.0%
Origin		
US Born	18.0%	26.0%
Non-US Born	82.0%	75.0%
Disease Site		
Pulmonary	69.0%	62.0%
Extra Pulmonary	31.0%	38.0%

DATA SOURCE: Cambridge Public Health Department, Cambridge Surveillance Report on Active Tuberculosis, 2006-2010.

Influenza and pneumonia are two infectious diseases that can contribute to ill health, complications, and hospitalizations among seniors. Though largely not discussed among focus group and interview participants, flu vaccination rates are higher in Cambridge than in the state, with 81.6% of Cambridge seniors indicating they have received a flu shot in the past year compared to 72.4% of Massachusetts seniors. Rates are similar between Cambridge and Massachusetts for having ever received a pneumonia vaccine, with approximately two-thirds of seniors indicating receiving this preventive measure (Table 22).

Table 22: Percentage of Seniors Aged 65+ Receiving Vaccinations by State and City, 2008

	Massachusetts	Cambridge
Flu shot (within past 12 months)	72.4%	81.6%
Pneumonia shot (over lifetime)	66.9%	66.3%

DATA SOURCE: Cambridge Public Health Department. Cambridge Health Indicators: Broad Measures of Health for Cambridge, Massachusetts, and the United States, 2013.

HEALTHCARE ACCESS AND UTILIZATION

Resources and Use of Health Care Services

> *"The fact that there are multiple clinics in general is good."*—Focus group participant
>
> *"[The health centers] don't care who the person is or how much money the person has. They take care of everyone; they take care of the City. Everyone gets the care they need."*
> —Focus group participant
>
> *"[There has been a] series of health center closings so access might be diminishing."*
> —Key informant interview participant
>
> *"Neighborhood health centers are a strength of the city."*—Key informant interview participant
>
> *"The City has a well-developed, proactive, and highly visible public health program."*
> —Key informant interview participant

Cambridge residents were largely very positive about health care services in the city, both their quantity and quality. The city houses six primary care locations and two acute care hospitals (Mount Auburn Hospital and Cambridge Hospital). One interviewee summed up the health assets in the city as, *"There is more than one major hospital, there are neighborhood health centers, it's a university-based health system, and residents are geographically close to all the medical organizations in Boston."* Residents reported primary care was available in the community although several expressed concern about how the recent closing of the Riverside and the Senior Clinics might impact access to care. Residents also reported specialty care was available although some experienced long wait times to see specialists.

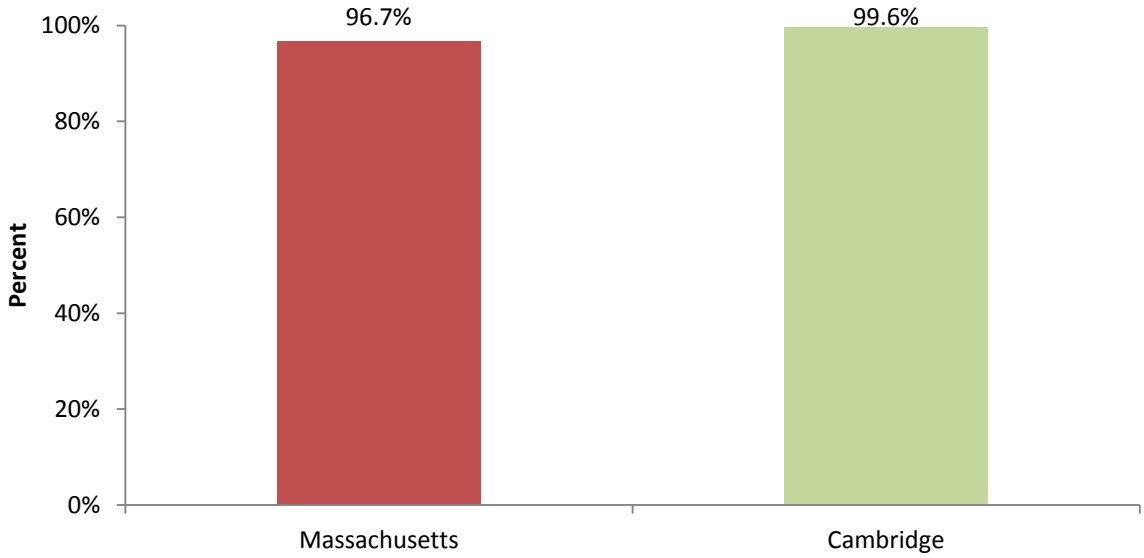
Many focus group and interview participants discussed the safety net system in the city. In addition to providing a comprehensive set of services, the safety net system was viewed as treating the most vulnerable in the city, such as those who do not have insurance, are low income, or have government-sponsored insurance. Focus group and interview participants commended safety net providers for their accessibility to non-English speakers, from being located within their neighborhoods to offering medical translators in numerous languages.

In addition to the community's medical services, residents praised the Cambridge Public Health Department for its success in addressing immunization, smoking cessation, lead poisoning, child and maternal health, and strong school nurse infrastructure. As one interviewee observed, "*The public health system helps to make people aware of what it means to be healthy."* Cambridge's efforts to promote population health have also been recognized nationally: in 2013, the city was one of six communities to receive the Roadmaps to Health Prize from the Robert Wood Johnson Foundation.[8] However, several interviewees worried about funding for public health, noting the department has recently experienced funding cuts.

[8] Robert Wood Johnson Foundation, Roadmaps to Health Prize Winners, March 3, 2014 <http://www.rwjf.org/en/about-rwjf/newsroom/features-and-articles/Roadmaps-to-Health-Prize.html>

While health care access was a concern, (highlighted in the next section), health care insurance coverage was less of an issue. Nearly 100% of Cambridge and Massachusetts resident reported having health insurance coverage in 2008 (Figure 43).

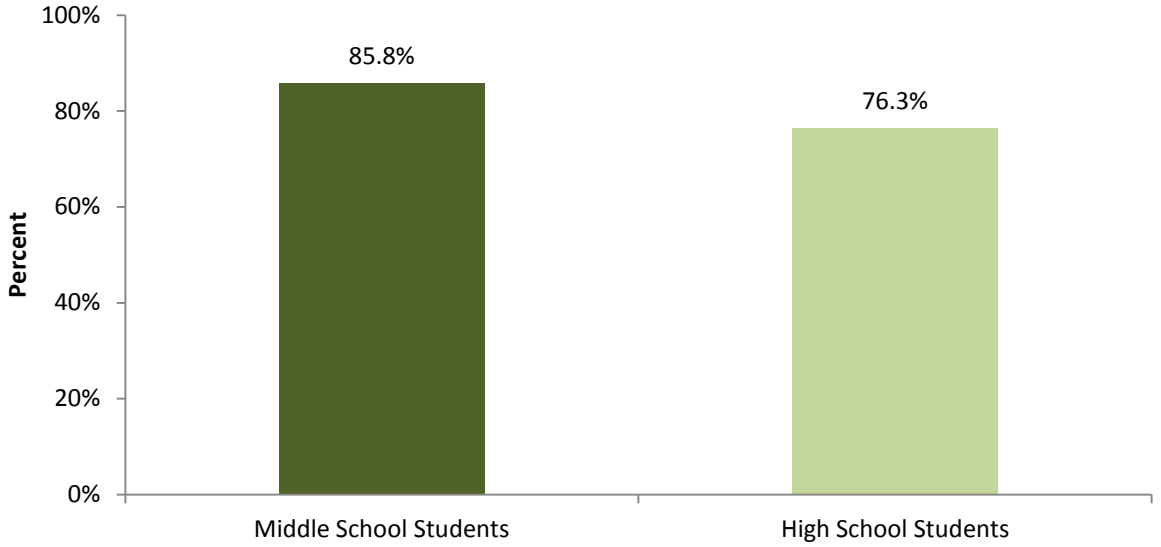
Figure 43: Percentage of Population with Health Insurance Coverage by State and City, 2008



DATA SOURCE: Cambridge Public Health Department. Cambridge Health Indicators: Broad Measures of Health for Cambridge, Massachusetts, and the United States, 2013.

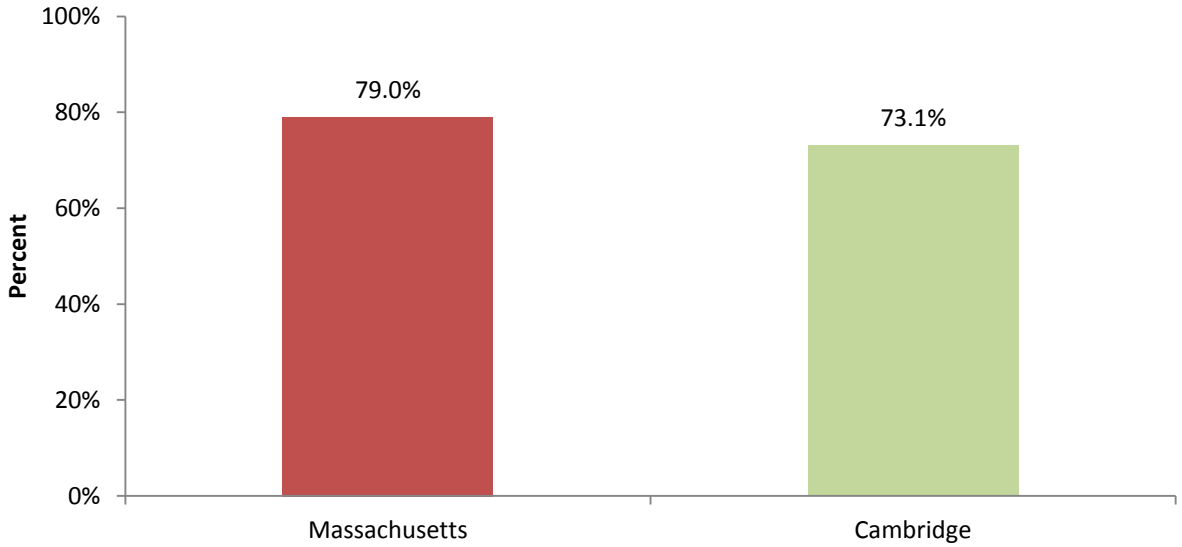
The majority of youth and adults reported seeing a health care provider for a regular checkup or preventive care. As seen in Figure 44, between 2010 and 2012, 85.8% of Cambridge middle school students saw a medical provider for their regular health checkup. This percentage decreased slightly among high school students. About seven in ten Cambridge adults (73.1%) report seeing a provider for a regular check-up (Figure 45).

Figure 44: Percentage of Cambridge Youth who Saw a Doctor/Nurse for their Regular Health Checkup in Past 12 Months, 2010-2012



DATA SOURCE: Cambridge Public Health Department. Cambridge Health Indicators: Broad Measures of Health for Cambridge, Massachusetts, and the United States, 2013.
NOTE: Middle school student data from Cambridge covers grades 6 through 8, years 2010-2011; High school student data from Cambridge covers grades 9 through 12, years 2011-2012

Figure 45: Percentage of Adults who saw a Doctor/Nurse for their Regular Health Checkup in Past Year by State and City, 2008

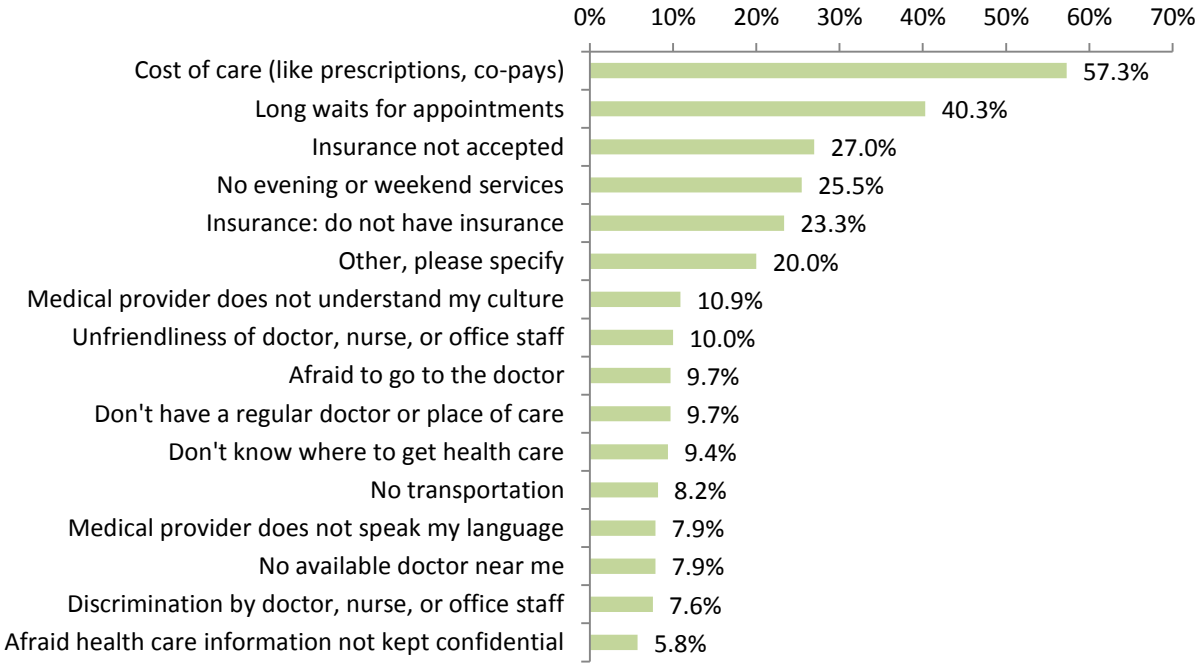


DATA SOURCE: Cambridge Public Health Department. Cambridge Health Indicators: Broad Measures of Health for Cambridge, Massachusetts, and the United States, 2013.

Challenges to Accessing Health Care Services

When asked about access to health care services, community health assessment survey respondents acknowledged that while the region has many medical services, barriers to care exist for some residents, ***mainly high out-of-pocket costs for care, the cost of health insurance, lack of after-hours care, and language and cultural barriers.*** Additionally, respondents identified lack of awareness of services as a barrier to accessing both health and other services. Survey respondents were asked to identify barriers that made it difficult for them to access health care services in the past two years (Figure 46). Among those survey respondents who indicated having had difficulty accessing care (22.3%), the leading barrier was the cost of care (57.3%) followed by long wait times for health care appointments (40.3%). Other barriers noted by about one-quarter of respondents were insurance not being accepted, no evening or weekend services, or not having insurance.

Figure 46: Barriers to Accessing Health Care Services in the Past 2 Years in Cambridge among Survey Respondents, 2013 (n=330)



DATA SOURCE: Cambridge Community Health Assessment Survey, 2013.
NOTE: Survey respondents were asked, "**In the past 2 years,** which of the following issues have made it difficult or prevented you from getting medical, dental, or mental health services for you or your family?"
NOTE: This question was asked of respondents who answered "Yes" to the question: **"In the past two years,** have you had difficulty getting medical, dental, or mental health services for you or your family when you needed them?"

Of the 22.3% of respondents who reported having difficulty accessing care, as seen in Table 23, respondents across all racial and ethnic groups cited "cost of care" and "long waits for appointments" as the top two barriers to accessing health care services. However, there was some variation in subsequent rankings. "Unfriendliness of doctor, nurse, or office staff" was cited by only White respondents as a top barrier to accessing care, while "do not have insurance" was cited by only Black and Hispanic respondents as top barriers. Only Asian respondents ranked "doctor, nurse, or office staff does not understand my culture" and "doctor, nurse, or office staff does not speak my language" among their top six barriers to accessing health care. Furthermore, only Hispanic respondents ranked "afraid to go to the

doctor" among their leading barriers. A further detailed table of barriers to health care by race and ethnicity is available in Appendix G.

When barriers to accessing care were stratified by gender, differences were noted for only two indicators. Whereas 29.0% of female respondents cited "provider does not take my type of insurance" as a barrier to care, 17.0% of males said the same. Also, whereas 29.0% of women cited "no evening or weekend services" as a barrier, 14.0% of males said the same. A more detailed table of barriers to health care noted by survey respondents by gender is available in Appendix H.

Table 23: Barriers to Care by Race and Ethnicity Among Survey Respondents Who Had Difficulty Accessing Care in the Past 2 Years, 2013 (n=330)

	White	Black/African American	Hispanic/Latino	Asian
1	Cost of care (like prescriptions, co-pays)	Cost of care (like prescriptions, co-pays)	Cost of care (like prescriptions, co-pays)	Cost of care (like prescriptions, co-pays)
2	Long waits for appointments	Long waits for appointments	Long waits for appointments	Long waits for appointments
3	Insurance: provider does not take my type of insurance	Insurance: do not have insurance	Insurance: do not have insurance	No evening or weekend services
4	No evening or weekend services	Discrimination by doctor, nurse, or office staff	No evening or weekend services	Culture: doctor, nurse, or office staff does not understand my culture
5	Insurance: do not have insurance	Insurance: provider does not take my type of insurance	Insurance: provider does not take my type of insurance	Language: doctor, nurse, or office staff does not speak my language
6	Unfriendliness of doctor, nurse, or office staff	No evening or weekend services	Afraid to go to the doctor	Insurance: provider does not take my type of insurance

DATA SOURCE: Cambridge Community Health Assessment Survey, 2013.
NOTE: Survey respondents were asked, "**In the past 2 years,** which of the following issues have made it difficult or prevented you from getting medical, dental, or mental health services for you or your family?"
NOTE: This questions was asked of respondents who answered "Yes" to the question: **"In the past two years,** have you had difficulty getting medical, dental, or mental health services for you or your family when you needed them?"

Table 24 shows the satisfaction levels of survey respondents towards the availability of certain health care services. Among survey respondents who have used or tried to use medical, dental, or mental health services in Cambridge in the past 2 years, 21.0% were extremely satisfied and 33.0% very satisfied with the availability of health care providers who take their insurance. Among these same survey respondents, 19.2% were extremely satisfied and 33.9% were very satisfied with the availability of health or medical services for adults aged 19 through 65 years.

Table 24: Percentage of Survey Respondents Very or Extremely Satisfied with the Availability of Health Care Services in Cambridge, 2013 (n=1,026)

	Very satisfied	Extremely satisfied
Health care providers who take your insurance	33.0%	21.0%
Health or medical services for adults (ages 19-64)	33.9%	19.2%
Health or medical services for children and youth (under age 18)	26.8%	17.5%
Medical specialists	24.3%	14.0%
Dental or oral health services	26.3%	16.0%
Public transportation to area health services	22.2%	16.9%
Health or medical services for seniors (ages 65+)	13.9%	10.1%
Counseling or mental health services	13.6%	9.8%
Interpreters during medical visits or when receiving health information	9.1%	5.1%
Birth control or sexual health services	14.2%	9.6%
Programs to help people lose weight	6.4%	4.1%
Programs to help people quit smoking	5.0%	3.3%
Alcohol or drug treatment services	3.6%	2.9%

DATA SOURCE: Cambridge Community Health Assessment Survey, 2013.
NOTE: Survey respondents were asked, "Please think about the **AVAILABILITY** of medical, dental, or mental health services **in Cambridge**. How satisfied or dissatisfied are you with the **availability** of the following services?" Possible response options included: (1) not at all satisfied; (2) slightly satisfied; (3) moderately satisfied; (4) very satisfied; (5) extremely satisfied; and, (6) not sure or don't know
NOTE: This question was asked of respondents who answered "Yes" to the question: **"In the past two years,** have you used or tried to use medical, dental, or mental health services **in Cambridge**."

Of the 79.8% of respondents who reported accessing medical, dental, or mental health services in Cambridge, White and Black respondents were most likely to report being "extremely satisfied" with the availability of "health care providers who take their insurance," while Hispanic/Latino and Asian respondents were most likely to report being 'extremely satisfied' with the availability of "health or medical services for children and youth." Across all racial and ethnic groups, respondents were least satisfied with the availability of alcohol and drug treatment services. A further detailed table of satisfaction with availability of services by race and ethnicity is available in Appendix G.

Table 25: Availability of Services for Which Survey Respondents Reported Being "Extremely Satisfied," by Race and Ethnicity, 2013 (n=1,026)

	White	Black/African American	Hispanic/Latino	Asian
1	Health care providers who take your insurance	Health care providers who take your insurance	Health or medical services for children and youth (under age 18)	Health or medical services for children and youth (under age 18)
2	Health or medical services for adults (ages 19-64)	Public transportation to area health services	Health or medical services for adults (ages 19-64)	Health or medical services for adults (ages 19-64)
3	Health or medical services for children and youth (under age 18)	Health or medical services for adults (ages 19-64)	Dental or oral health services	Health care providers who take your insurance
4	Dental or oral health services	Health or medical services for seniors (ages 65+)	Medical specialists	Medical specialists
5	Public transportation to area health services	Dental or oral health services	Birth control or sexual health services	Public transportation to area health services
6	Medical specialists	Medical specialists	Interpreters during medical visits or when receiving health information	Dental or oral health services

DATA SOURCE: Cambridge Community Health Assessment Survey, 2013.
NOTE: Survey respondents were asked, "Please think about the **AVAILABILITY** of medical, dental, or mental health services **in Cambridge**. How satisfied or dissatisfied are you with the **availability** of the following services?"
Possible response options included: (1) not at all satisfied; (2) slightly satisfied; (3) moderately satisfied; (4) very satisfied; (5) extremely satisfied; and, (6) not sure or don't know
NOTE: This questions was asked of respondents who answered "Yes" to the question: **"In the past two years,** have you used or tried to use medical, dental, or mental health services **in Cambridge**."
NOTE: Ranked in descending order by "Extremely Satisfied"

The following section highlights some key themes that emerged around the specific barriers to care.

Health Care Costs

> *"Even if you have health insurance, even paying the co-payment is an issue. It deters people from doing follow up."*—Focus group participant

> *"I'm not poor enough to get a hearing aid but don't make enough to afford it myself. I'm legally deaf. I can afford it if I don't pay for my kid's college."*—Focus group participant

> *"Even if you have MassHealth, they have insurance costs and they have co-pay. Health insurance still can be very expensive."* —Focus group participant

Affordability of health care was of concern to some Cambridge residents. Respondents reported obtaining insurance coverage can be expensive. As one focus group participant shared, *"I lost MassHealth because I make $12 a month too much."* In addition, the costs of co-pays and other health-related fees were reported to be challenging for some residents. Newcomers to the safety net system face a lag time in obtaining insurance, according to one participant, which can be costly if they need to have medical care immediately.

Wait Times and Lack of After-Hours Care

> *"Often we can't get a same day appointment so Cambridge residents have to decide between suffering at home or going to the ER."* —Focus group participant

While Cambridge residents discussed that health services exist in the community, they reported wait times to obtain services, particularly specialty care. Outreach workers conducting the community survey consistently reported that while many immigrants have been able to get health insurance, they had difficulty getting timely appointments. Seniors reported this as well; as one senior focus group participant noted, *"Doctors are overbooked."* Others expressed concern about the closure of two community health clinics which they believed will also negatively affect the ability of patients to get timely medical care. Others expressed concern about the lack of after-hours health care.

Language Barriers

> *"Patients who are Spanish-speakers sometimes are spoken to in English."*
> —Focus group participant

> *"[We need] a more trained workforce to overcome cultural and language barriers."*
> —Key informant interview participant

In addition to financial challenges, focus group and interview participants shared that some Cambridge residents face language and cultural barriers to accessing health care. A number of people expressed concerns about the quality of interpretation services. As one focus group member observed, *"Sometimes medical information and medication instructions are mistranslated, especially if it's by a family member."* Respondents reported a need for trained interpreters as well as a need for more information to be translated into other languages. Some also noted that immigrants can feel intimidated or have a fear of going to the doctor. As one focus group participant explained, *"It is important immigrants feel welcome at health care facilities, that they have the time and comfort to use medical services, and that they trust medical doctors."* Several participants reported more providers from other countries would be helpful to overcome some of these barriers.

Lack of Knowledge about the Healthcare System

> *"It can be hard to figure out where to go or who to call for an appointment."*
> —Focus group participant

Focus group members and interviewees reported they thought people should be more aware of what they can do to improve their health and prevent illness and disease. Lack of knowledge about how to access and use health care and related services can lead to inappropriate use of health care and poorer health outcomes. Although there are services in Cambridge, residents reported the lack of awareness of them is a barrier to seeking care. As one focus group member observed, *"[There are a] ton of services if you know where to look. Entire spectrum of what you need."* A related issue, according to a few

participants, is pride, particularly among men; as one focus group member noted, *"A lot of people don't want to ask for help."*

Limited Mental Health Services

> *"[Some mental health service providers] are too busy to accept new appointments. Yes, they say it is possible, but in real life you cannot have your child be seen there."*—Survey respondent

Perceptions about the availability of mental health services in Cambridge varied. Some reported these services were generally available. As one interviewee stated, *"Mental health services for children are stronger in Cambridge than in other areas."* But others held a differing view reporting accessing mental health services can be difficult for many. Some respondents reported many mental health providers do not accept insurance. Others shared that mental health services are especially needed for those with less severe mental health problems so problems do not become worse.

Patient-Provider Communication

> *"Doctors are so overbooked. They don't have time to even talk to you*."—Focus group participant

In describing their interactions with the health care system, several respondents expressed frustration over the lack of communication they have with their providers. Most prominent was the short amount of time doctors often spend with patients, which may mean patients are not fully aware of their health issues or how to take better care of themselves. As one focus group participant stated, *"I feel like I'm on a conveyer belt. They get you in and get you out."* Additionally, several respondents commented that health care tends to be fragmented. As one focus group member explained, *"Once a patient sees a doctor, they don't expect that they need to come back for multiple appointments. People then don't stick with medical care."*

RESIDENTS' AND LEADERS' VISION FOR THE FUTURE

Focus group participants and interviewees were asked about their visions and hopes for the future in Cambridge 3-5 years from now. 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 greater involvement across the various sectors of the community in advancing community health. These are discussed below.

Continued Efforts for Healthy Eating and Physical Activity

> *"[We need] to continue to get the word out about health promotion and disease prevention."*—Key informant interview participant

> *"Cambridge would benefit from a program for sedentary women who want to start exercising and eating well but need structure to help them do that."*—Survey respondent

Many Cambridge focus group members and interviewees shared a vision of continued emphasis on healthy and active living in the community with a focus on prevention. Among their recommendations were more education, more farmer's markets and urban agriculture initiatives, more open spaces and

workplace wellness programs, and continued efforts to improve school menus. They also wanted to see more healthy eating options in restaurants, convenience stores, and bodegas. Work with immigrants was particularly seen as a priority, especially as they get more acculturated with an American fast-food diet. Several residents also suggested more family-centered group events such as walks or trail hikes that are free and target low income residents in Cambridge.

Residents acknowledged much progress has been made in promoting healthy commuting and active living in the city. However residents urged continued work in this area. As one interviewee stated, *"the City needs to work on infrastructure to allow people to bike and to walk."* However, participants stressed that infrastructure needs to accommodate different modes of transportation. Suggestions included prioritizing the "Complete Streets" initiative and addressing pothole and sidewalk concerns, especially in the winter. Enforcement of traffic rules was also mentioned by several residents. As one interviewee stressed, *"The city needs to enforce laws for cars, cyclists, and pedestrians."*

Several residents commented, however, that increased access to healthy foods and opportunities for physical activity were insufficient and that people also needed to be willing to make necessary behavior changes. As one interviewee stated, *"People need to take the initiative."*

More Health Education and Communication about Services

> *"City's website is incredibly difficult to use for a person who doesn't use computer. I get lost."*—Focus group participant
>
> *"People need to be aware of what services are available and they need to be educated about how to get help."* –Key informant interview participant
>
> *"Immigrant parents and non-English speaking parents need assistance and education on how to get services and healthcare for their children and themselves."*
> —Key informant interview participant
>
> *"We need to create awareness. That means reaching people where they are in terms of language, culture and resources."*—Key informant interview participant

As discussed earlier, a prominent theme across focus groups and interviews was the need to provide Cambridge residents with more information about how to navigate the health system as well as on health topics on healthier living. Many topics for health education were suggested including healthy lifestyles, living with a chronic condition, how to speak with doctors, parenting, domestic violence, and the dangers of smoking and other substance use. Reaching youth with messages about healthy lifestyles and nutrition, substance use, and sexual activity was mentioned by a number of residents. For seniors, information about aging, Alzheimer's and dementia, and caregiving was needed. As one interviewee shared, "*Seniors would benefit greatly from health education classes and discussions concerning transitioning to senior status."*

Residents stressed creative outreach was needed to reach different Cambridge residents. As one interviewee stated, *"You need to go to where people are."* Some focus group participants and interviewees suggested outreach through churches and mosques, employers, and resident and ethnic community groups. Others suggested public service ads on local ethnic TV stations and outreach in local gathering places such as hair salons and barber shops. Outreach in public housing and senior centers was mentioned by several respondents.

While there are many services in the community, many residents felt more outreach and support were needed to connect them, especially to the most vulnerable populations. Several focus group members and interviewees reported public housing residents suffer higher rates of illness and disease. The need to focus services on people in these communities was mentioned frequently. Suggestions included more active outreach to ensure residents have health insurance and understand what is covered and offering screenings and health education directly in housing complexes. Several mentioned they believed health navigators in public housing would be beneficial in helping to coordinate services for residents. Expanding outreach to immigrants was also noted as a priority. Several related the importance of building trust with immigrant communities and suggested regular meetings with people in these communities to build trust.

Residents also stressed the importance of reaching out in multiple languages. Some immigrants suggested health information packets be translated into multiple languages and disseminated through WIC offices, maternity departments, and schools. Reaching adults through messaging targeted at children was also seen as a good strategy; as one interviewee stated, *"Kids bring the message home."*

Supports for Youth and Seniors

> *"[We] need more programs for youth and more awareness of programs for youth like the Mayor's program."*—Focus group participant

When discussing the future vision of Cambridge, several participants focused on vulnerable populations such as youth and seniors as being important for focusing future initiatives. The need for more services for youth, especially employment opportunities, was mentioned by several focus group and interview participants. Several praised the Mayor's program for youth and suggested more programs such as this be developed. A few participants discussed how universities in Cambridge can be important partners in youth workforce development activities.

The aging of the population was recognized by many focus group participants, and several cited the growing needs of the elderly population as a focus for the future. One interviewee mentioned a need for *"A more organized approach to aging in place."* Others wanted to see more health resources at the senior centers, including reopening of the clinic. As one interviewee stated, *"There is a need for a… place seniors can get to for information."* Another suggested more intergenerational efforts including *"a bank of folks, including high school students, who can connect and support the elderly population."* Because many seniors live in public housing, several respondents remarked more should be done to support these seniors such as "all inclusive care" floors providing seniors with supports as they age in place. Others expressed concern about the social isolation non-English speaking seniors and LGBT seniors might experience in nursing homes and suggested more be done to address this. Suggestions included ensuring seniors who speak the same language are close to each other and surveying all senior care services concerning organizational LGBT policies and practices.

More Mental Health and Substance Use Services

> *"A support network has to be built so persons suffering from mental health issues aren't constantly falling into crisis."*—Key informant interview participant

> *"There needs to be better integration of primary care and mental health care. Both need to be sitting in the same office."* —Key informant interview participant

While Cambridge residents generally believed there were many health resources in the community, several saw limitations in the mental health and substance abuse treatment providers available. Better integration of primary and mental health care was mentioned by several as an important component of these services. As one interviewee stated, *"The easier the handoff from primary care to mental health care, the better."* Several also noted the importance of addressing the stigma associated with mental health and substance use issues that often discourage people from seeking care.

Residents also stressed the need for more services related to substance use, especially among the homeless population. Continued efforts to curb smoking were also frequently mentioned. Youth for example, noted more should be done to enforce no smoking zones. Other focus group members suggested there *"Be more programs to address alcoholism on an outpatient basis."* In addition to direct treatment, ongoing recovery programs and support services were also noted as important aspects of treatment.

Continued and Expanded Collaboration and Inclusion across Institutions in the Community

> *"The city needs to 'work the entire system' in the goal of achieving success."*
> —Key informant interview participant
>
> *"Everyone in the City should be involved in the effort to make living a healthy life easier."*
> —Key informant interview participant
>
> *"We need to get universities to feel some obligation."* —Key informant interview participant

Assessment participants discussed that collaboration across city agencies and departments and between health and social service providers was incredibly strong, and they looked forward to continuing and strengthening relationships with existing partners and creating new partnerships in future efforts to address the city's health concerns. As one interviewee stated: *"You can never have enough collaboration and sharing among all community organizations."*

Several participants discussed that while collaboration is already strong across agencies and organizations in the city, they wanted to see other stakeholders and organizations be involved in future efforts as well. As one interviewee stated, *"Capture and engage parts of the Cambridge community who are not now engaged."* For example, several participants discussed more should be done to engage the universities and employers. One interviewee reported it may be helpful to tap scholars and experts from the university and college communities to assist in addressing the city's challenges. Another suggested working with the local biotech industry. In addition, several residents wanted to see more engagement of Mt. Auburn Hospital in public health efforts. Additional partners mentioned including health centers at Harvard and MIT, Harvard Vanguard, and the faith-based community.

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 of strengths and gaps in the current health care and public health environment. Several overarching themes emerged from this synthesis and can serve as a guide for future planning efforts:

1. Assist All Cambridge Residents, Workers, and Visitors to Live Healthy and Fulfilling Lives

Cambridge is a progressive, diverse, educated community with excellent amenities and services. Most residents described their city positively, with substantial diversity, many services and assets, excellent government, and an innovative and *"progressive"* mentality. Young professionals comprise a large proportion of the city's population, many of whom are succeeding economically. The city benefits from the proximity of high-quality schools and prestigious colleges and universities which foster an intellectual culture in the community. Respondents described government leaders as *"willing to help," "forward thinking," "committed,"* and *"accessible"* and city departments as collaborative and innovative in their approaches to the city's challenges.

However, respondents also expressed concern that some in this generally affluent and successful community struggle. Indeed, quantitative data bear this out as nearly 15% of the Cambridge residents have incomes below the federal poverty line, a rate higher than for the state and the county. The cost of living in the city is high and growing according to residents and while the community has many well-paying jobs for skilled workers, residents reported it has less to offer those who are less skilled. The income inequality in Cambridge was noted by many as dividing the community and exacerbating some of the challenges vulnerable populations already face. In addition to low-income residents, seniors and immigrants were also noted as population groups particularly at risk for poor health outcomes.

Focus group and interview participants discussed opportunities for addressing many of the issues specific vulnerable populations face. Ideas included more employment and social services available for these populations, specifically including job opportunities for youth. For seniors, discussions focused on a more organized approach to aging in place, more health resources at the senior centers including reopening of the clinic, and intergenerational efforts to minimize social isolation. For non-English speaking residents, suggestions included bilingual patient navigators and outreach workers to assist with health insurance and navigating the health care system as well as more information on social services and community events available in other languages.

2. Strengthen the Focus on Healthy Living and Disease Prevention

Cambridge is a health conscious community, as many assessment participants reported a wide variety of opportunities to be physically active including parks and recreational facilities and exercise programs. They noted the prevalence of bicycling in the city, although some felt more needed to be done to ensure safe use of transportation infrastructure by all users. Both youth and adult participation in physical activity was reported to be high. Cambridge was also noted for its variety of healthy eating options including supermarkets where healthy food was available and farmer's markers.

Despite the city's many assets and efforts to promote a healthy lifestyle, Cambridge residents did frequently mention obesity and related chronic diseases as health concerns for the community. Overall, about 15% of Cambridge Public School students are overweight and a similar proportion is obese with students from diverse backgrounds and those from poorer families experiencing higher rates of obesity and overweight. These concerns reflect themselves somewhat in diabetes rates—middle school

students in Cambridge are slightly more likely than all middle school students in Massachusetts to have been diagnosed with diabetes. However, a smaller percentage of adults in Cambridge have been diagnosed with diabetes than the state overall.

Many Cambridge focus group participants and interviewees shared a vision of continued emphasis on healthy and active living in the community. They recognized prevention is key to long-term health, and saw future opportunities to address healthy eating and active living throughout the lifespan through multiple venues—clinical programs, education, social norms, the built environment, systems change, and policy. Discussion points in this area focused on the importance of engaging the community in implementing these efforts and intervening at a young age to build the foundation for healthy lives.

3. Enhance Efforts to Address Substance Abuse and Mental Health Issues

Substance use and mental health were mentioned frequently as a health concern in the community. However, quantitative data indicate that use of alcohol, binge drinking, and use of marijuana among high school students in Cambridge was slightly lower than for the state. Smoking rates among Cambridge high school students and adults are far lower than those in the state. Assessment participants also noted the number and quality of behavioral health providers in Cambridge as a major asset, even if it did not seem like the supply met the demand.

Yet, even while Cambridge has many resources, assessment participants saw substance abuse and mental health as an important priority 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 socially isolated elderly, immigrants, and adolescents. Mental disorders and substance abuse among the homeless population were also cited as concerns. Overall, assessment participants perceived the use of drugs as closely related to tension and violence in the community, and mental health as an underlying issue still associated with stigma.

While Cambridge residents generally believed there were many behavioral health resources in the community, several did state they thought more services for mental health and substance use were needed, including more counseling and support group services. Better integration of primary and mental health care was mentioned by several as was the importance of addressing the stigma associated with mental health and substance use issues that often discourage people from seeking care.

4. Promote and Maintain Access to Quality Healthcare

City residents overall enjoy good health and access to high quality health care. Quantitative data on disease prevalence and prevention behaviors suggest Cambridge residents generally enjoy better health than those in the state. Additionally, Cambridge residents also reported access to excellent health care and commended the facilities in the city. The city houses six primary care locations and two acute care hospitals (Mt. Auburn Hospital and Cambridge Hospital). Neighborhood health centers were viewed as important components of the city's health care system, especially for low income or uninsured patients.

Yet, when asked about access to health care services, assessment participants acknowledged that while Cambridge has many medical services, barriers to care exist for some people. These include high out-of-pocket costs for care, the cost of health insurance, lack of after-hours care, and language and cultural barriers. Additionally, respondents identified lack of awareness of services as a barrier to accessing both health and other services. Specifically, access to dental care and mental health services were also problems.

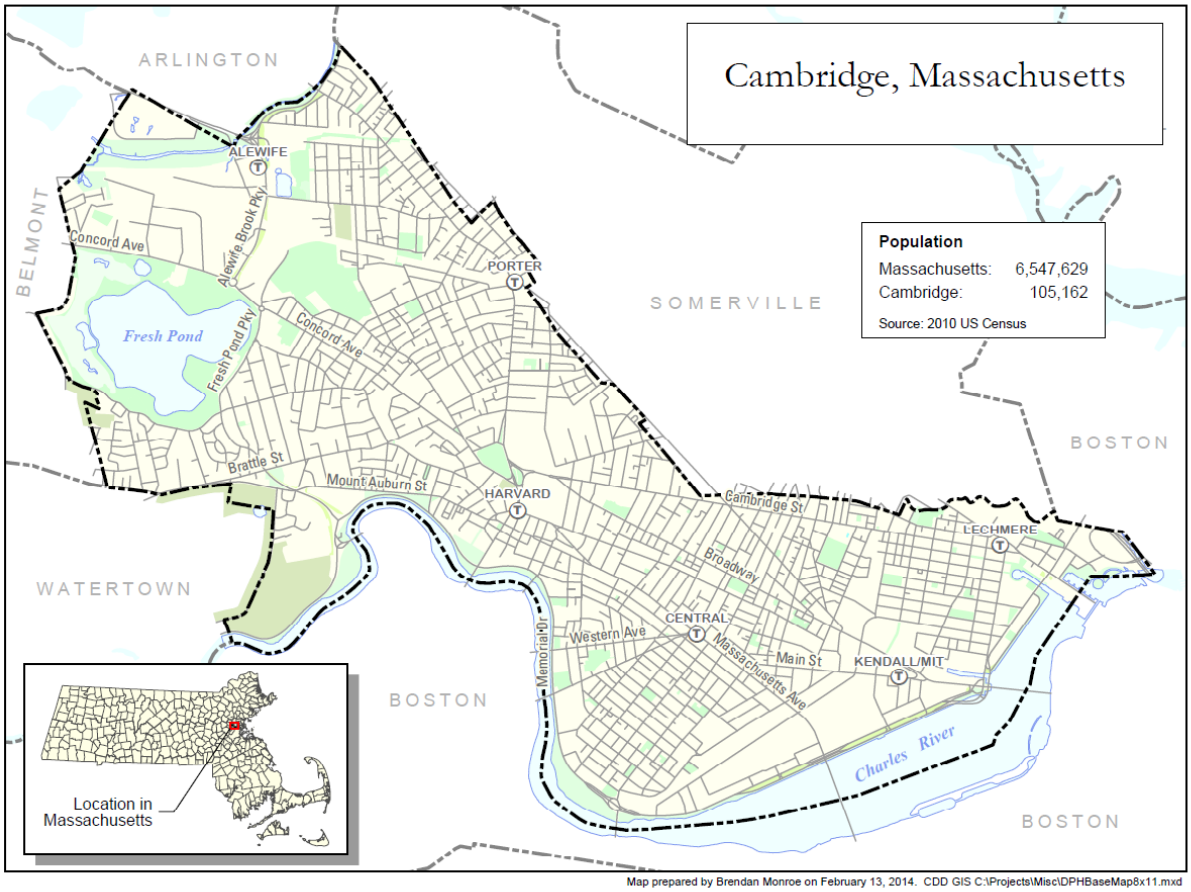
Areas noted for further opportunity to improving access to health care services included greater coordination of care across multiple providers, public health-health care integration, more dental care and mental health safety net providers, and a focus on prevention throughout the health care system.

5. Engage All Sectors of the Cambridge Community in Efforts to Promote a Healthy Community Environment

Cambridge was described by many focus group members and interviewees as a *"vibrant"* and *"progressive"* with an actively involved population. Additionally, city departments and community organizations were viewed as highly collaborative and innovative in their approaches to the city's challenges. Community residents were also 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 were involved. Participants were eager to see existing partnerships strengthened, new relationships formed, and continued engagement of the community in future city initiatives.

Appendix A: Map of the City of Cambridge, MA



Appendix B: Community Health Advisory Group Members

Moacir Barbosa, Cambridge Public Health Subcommittee
David Bor, MD, Chief, Department of Medicine, Cambridge Health Alliance
David Gibbs, Executive Director, Cambridge Community Center
Brian Greene, Pastor, Pentecostal Tabernacle
Robert Haas, Police Commissioner
Denise Jillson, Harvard Square Business Association
Deborah Klein Walker, Cambridge Public Health Subcommittee
Michael Muehe, Director, Disabilities Commission
Brian Murphy, Assistant City Manager, Community Development, City of Cambridge
Lisa Peterson, Deputy City Manager, City of Cambridge
Paula Paris, Cambridge Public Health Subcommittee
Paulo Pinto, Executive Director, Massachusetts Alliance of Portuguese Speakers
Richard C. Rossi, City Manager, City of Cambridge
Greg Russ, Executive Director, Cambridge Housing Authority
Ellen Semonoff, Assistant City Manager, Human Service Programs, City of Cambridge
Niti Seth**,** Ed.D, Dean, School of Psychology and Counseling, Cambridge College
Carolyn Turk, Deputy Superintendent, Cambridge Public Schools
Patrick Wardell, CEO, Cambridge Health Alliance, Commissioner of Public Health, City of Cambridge

Appendix C: Cambridge Public Health Department Steering Committee Members

Susan Breen, RN, Senior Director, Public Health Nursing Services
Claude-Alix Jacob, Chief Public Health Officer
Susan Kilroy-Ames, Manager, Epidemiology and Data Services
Stacey King, Director, Community Health and Wellness Programs
Sam Lipson, Director, Environmental Health
Barbara Meade, RN, Clinical Manager, School Health Services

APPENDIX D: Cambridge Community Health Assessment Survey Instrument

Cambridge Community Health Assessment Survey

Page 1

Thank you for taking the Cambridge Public Health Department's survey!

This survey is for people who live, work, or spend time in Cambridge. Information gathered in the survey will help identify community health priorities and assist in developing health-related programs and services.

This survey will take 5-10 minutes to complete.

This survey is part of a Cambridge Public Health Department initiative to:
1) Understand the health needs and concerns of people who live, work, or spend time in Cambridge.
2) Identify the City's strengths and challenges in providing a healthy environment for everyone.
3) Improve the health of the City and engage partners, organizations, and individuals in making the vision for a healthier Cambridge a reality.

Please note: Your answers are anonymous and confidential. If you wish to stop taking the survey at any time, you may do so.

1. Do you live in Cambridge?*
   - Yes
   - No

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2. In which neighborhood do you live?*
   - East Cambridge
   - Area 2-MIT
   - Wellington-Harrington
   - Area 4
   - Cambridgeport
   - Mid-Cambridge
   - Riverside
   - Agassiz
   - Neighborhood Nine
   - West Cambridge

- North Cambridge
- Cambridge Highlands
- Strawberry Hill
- Not sure or don't know
- Other, please specify

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3. Do you work in Cambridge?*
   - Yes
   - No

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4. For what type of business or organization do you work?*
   If you work more than one job, choose the option that best describes your primary job.
   - Arts, entertainment, media
   - Automobile maintenance and repair
   - Biotechnology, pharmaceutical
   - Construction and building trades
   - Education: preschool, primary school, or secondary school
   - Education: university or college
   - Faith-based organizations
   - Financial, accounting, insurance, real estate services
   - Food Services (restaurants, grocery stores, markets)
   - Government (city, state, federal)
   - Health care
   - Legal services
   - Manufacturing and industry
   - Non-profit organizations
   - Research and development
   - Retail and wholesale

- Service occupation (childcare, personal care, security, cleaning, landscaping)
- Sports and recreation
- Social and human services
- Technology, software, engineering, IT
- Transportation (buses, taxicabs, subways, trains)
- Utility, communication, internet company
- Other, please specify

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5. How strongly do you agree or disagree with the following statement: "I think Cambridge is a healthy place in which to live, work, or spend time."*
   - Strongly Agree
   - Agree
   - Neutral
   - Disagree
   - Strongly Disagree

6. How strongly do you agree or disagree with the following statement: "The people in my social circle (family, friends, neighbors, and coworkers) make it easy for me to live a healthy lifestyle."*
   - Strongly Agree
   - Agree
   - Neutral
   - Disagree
   - Strongly Disagree

7. What are the **TOP 5 health concerns** for you, your family, and your close social circle (friends, neighbors, coworkers, etc.)?*
Select no more than 5.

- [ ] Age-related conditions (like Alzheimer's, arthritis, hearing or vision loss, mobility)
- [ ] Alcohol and other drug abuse (like cocaine, ecstasy, heroin, marijuana)
- [ ] Being overweight or obese
- [ ] Cancer
- [ ] Child abuse or neglect
- [ ] Childhood asthma
- [ ] Chronic respiratory disease in adults (like asthma, emphysema, COPD)
- [ ] Cost of medical, dental, or mental health care (like co-pays, prescriptions)
- [ ] Dental and oral health
- [ ] Diabetes
- [ ] Disabilities (like physical, emotional, learning, sensory)
- [ ] Domestic violence
- [ ] Finding a primary care doctor
- [ ] Food safety or foodborne illness
- [ ] Heart disease
- [ ] Hunger
- [ ] Infectious diseases (like flu, pneumonia, TB)
- [ ] Insect-borne illnesses (like West Nile Virus, EEE, Lyme)
- [ ] Lack of affordable health insurance
- [ ] Mental health (like depression, anxiety, stress, bipolar disorder)
- [ ] Motor vehicle injuries
- [ ] Prescription drug abuse
- [ ] Reproductive health
- [ ] Sexually transmitted infections (like HIV/AIDS, Chlamydia)
- [ ] Suicide
- [ ] Teenage pregnancy
- [ ] Tobacco use
- [ ] Not sure or no opinion
- [ ] Other, please specify

8. In your opinion, what are the **TOP 5 social and economic issues that affect health** in Cambridge?*
Select no more than 5.

- [ ] Alcohol and other drug abuse (like cocaine, ecstasy, heroin, marijuana)
- [ ] Bullying
- [ ] Discrimination
- [ ] Domestic violence
- [ ] Dropping out of school
- [ ] Gun violence
- [ ] Homelessness
- [ ] Hunger
- [ ] Lack of accessibility (like physical, communication, and transportation access) for people with disabilities
- [ ] Lack of affordable child care
- [ ] Lack of affordable housing
- [ ] Lack of affordable recreational activities
- [ ] Lack of educational opportunities
- [ ] Lack of employment opportunities
- [ ] Lack of health information (like nutrition, disease management, health services) for adults
- [ ] Lack of health education (like personal safety, nutrition, substance abuse) for children and youth
- [ ] Lack of healthy and affordable food choices
- [ ] Poverty
- [ ] Racism
- [ ] Rape or sexual assault
- [ ] Safety in public spaces (like parks, bus or train stations)
- [ ] Social isolation
- [ ] Violence (like gang, street, or school violence)
- [ ] Not sure or no opinion
- [ ] Other, please specify

9. In your opinion, what are the **TOP 3 environmental health and safety issues** in Cambridge?*
Select no more than 3.

- ☐ Climate change
- ☐ Drinking water quality
- ☐ Hazardous material concerns (soil or groundwater)
- ☐ Hazardous workplace exposures and safety conditions
- ☐ Housing conditions: indoor air quality, pests, mold/moisture
- ☐ Housing conditions: physically unsafe conditions
- ☐ Lead poisoning
- ☐ Noise level
- ☐ Odors
- ☐ Outdoor air quality
- ☐ Rodents
- ☐ Sharing the road: safe interactions between motor vehicles, bicyclists, and pedestrians
- ☐ Safety for bicyclists
- ☐ Safety for pedestrians
- ☐ Tobacco smoke outdoors or in public locations
- ☐ Tobacco smoke within your residence or building
- ☐ Not sure or no opinion
- ☐ Other, please specify

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10. **In the past two years**, have you had difficulty getting medical, dental, or mental health services for you or your family when you needed them?*

- ○ Yes
- ○ No

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11. **In the past 2 years**, which of the following issues have made it difficult or prevented you from getting medical, dental, or mental health services for you or your family? Please select all that apply.*

- ☐ Afraid to go to the doctor
- ☐ Afraid that health care information is not kept confidential
- ☐ Cost of care (like prescriptions, co-pays)
- ☐ Culture: doctor, nurse, or office staff does not understand my culture
- ☐ Discrimination by doctor, nurse, or office staff
- ☐ Don't have a regular doctor or place of care
- ☐ Don't know where to get health care
- ☐ Insurance: do not have insurance
- ☐ Insurance: provider does not take my type of insurance
- ☐ Language: doctor, nurse, or office staff does not speak my language
- ☐ Long waits for appointments
- ☐ No available doctor near me
- ☐ No evening or weekend services
- ☐ No transportation
- ☐ Unfriendliness of doctor, nurse, or office staff
- ☐ Other, please specify

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12. **In the past two years,** have you used or tried to use medical, dental, or mental health services **in Cambridge**?*

- ○ Yes
- ○ No

13. Please think about the **AVAILABILITY** of medical, dental, or mental health services **in Cambridge**. How satisfied or dissatisfied are you with the **availability** of the following services?*

	Not at all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied	Not sure or don't know
Health or medical services for children and youth (under age 18)	○	○	○	○	○	○
Health or medical services for adults (ages 19-64)	○	○	○	○	○	○
Health or medical services for seniors (ages 65+)	○	○	○	○	○	○
Medical specialists	○	○	○	○	○	○
Dental or oral health services	○	○	○	○	○	○
Counseling or mental health services	○	○	○	○	○	○
Health care providers who take your insurance	○	○	○	○	○	○
Interpreters during medical visits or when receiving health information	○	○	○	○	○	○
Public transportation to area health services	○	○	○	○	○	○
Alcohol or drug treatment services	○	○	○	○	○	○
Birth control or sexual	○	○	○	○	○	○

health services						
Programs to help people lose weight	○	○	○	○	○	○
Programs to help people quit smoking	○	○	○	○	○	○

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14. In what zip code do you live?*

15. What is your gender?*

- ○ Male
- ○ Female
- ○ Transgender

16. What is your age (in years)?*

17. Are you of Hispanic, Latino/a, or Spanish origin?*

- ○ Yes
- ○ No
- ○ Don't know or not sure

18. Which of the following would you say is your race?*
Check all that apply.

- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ American Indian or Alaskan Native
- ☐ Other, please specify

19. What language is spoken most often in your home?

- English
- Spanish
- Portuguese
- Amharic
- Haitian Creole
- Other, please specify

20. What is the highest grade or year of school you completed?

- Never attended school or only attended kindergarten
- Grades 1-8 (elementary)
- Grades 9-11 (some high school)
- Grade 12 or GED (high school graduate)
- College 1 year to 3 years (some college)
- College 4 years or more (college graduate)

21. Are you limited in any activities because of any long term health problem or disability, including physical health, emotional, or learning problems?

- Yes
- No
- Don't know or not sure

22. Are you currently...?
Select the choice that best applies to you.

- Employed for wages
- Self-employed
- Out of work for more than 1 year
- Out of work for less than 1 year
- A homemaker
- A student

- Retired
- Unable to work

23. Please share any additional comments in the space provided below.

Appendix E: Focus Group Guide

[NOTE: QUESTIONS IN THE FOCUS GROUP GUIDE ARE INTENDED TO SERVE AS A GUIDE, NOT A SCRIPT.]

I. BACKGROUND (10 minutes)

- Hi, my name is _____ and I am with [ORGANIZATION]. I'd also like to introduce my colleague _____. He/She is involved with me on this project and is here to observe and take notes during our discussion, so that I can have my hands and attention free as we talk. Thank you for taking the time to speak with us today.

- We're going to be having a focus group today. Has anyone here been part of a focus group before? You are here because we want to hear your opinions. I want everyone to know there are no right or wrong answers during our discussion. We want to know your opinions, and those opinions might differ. This is fine. Please feel free to share your opinions, both positive and negative.

- The Cambridge Health Department is undertaking a comprehensive community health assessment effort to gain a greater understanding of the health of residents and how health needs are currently being addressed. As part of this process, we are having discussions like these around Cambridge with a wide range of people - community members, government officials, leaders in the faith community, health care and social service providers, and staff from a range of community organizations. We are interested in hearing people's feedback on the strengths and needs of the community and suggestions for the future.

- We will be conducting several of these discussion groups around the area. After all of the groups are done, we will be writing a summary report of the general opinions that have come up. In that report, we might provide some general information on what we discussed tonight, but I will not include any names or identifying information. Your responses will be strictly confidential. In the report, nothing you say here will be connected to your name.

- Lastly, please turn off your cell phones, beepers, or pagers or at least put them on vibrate mode. The group will last only about 90 minutes. If you need to go to the restroom during the discussion, please feel free to leave, but we'd appreciate it if you would go one at a time.

- Any questions before we begin our introductions and discussion?

II. INTRODUCTIONS

Now, first let's spend a little time getting to know one another. Let's go around the table and introduce ourselves. Please tell me: 1) Your first name; 2) what city or town you live in; and 3) something about yourself you'd like to share– such as how many children you have or what activities you like to do in your spare time. [AFTER ALL PARTICIPANTS INTRODUCE THEMSELVES, MODERATOR TO ANSWER INTRO QUESTIONS]

III. COMMUNITY ISSUES

1. Tonight, we're going to be talking a lot about the community that you live in. How would you describe your community?

2. If someone was thinking about moving into your community, what would you say are some of its biggest strengths or the most positive things about it? [PROBE ON COMMUNITY AND ORGANIZATIONAL ASSETS/STRENGTHS]

    a. What are some of the biggest problems or concerns in your community? [PROBE ON ISSUES IF NEEDED – HEALTH, ECONOMIC, SOCIAL, SAFETY, ETC.]

3. What do you think are the most pressing *health* concerns in your community?

    a. How have these health issues affected your community? In what way?

    b. What specific population groups are most at-risk for these issues?

IV. PERCEPTIONS OF PUBLIC HEALTH/PREVENTION SERVICES AND HEALTH CARE

4. Let's talk about a few of the health issues you mentioned. [SELECT TOP HEALTH CONCERNS] What programs, services, and policies are you aware of in the community that currently focus on these health issues?

    a. What's missing? What programs, services, or policies are currently not available that you think should be?

5. What do you think the community should do to address these issues? [PROBE SPECIFICALLY ON WHAT THAT WOULD LOOK LIKE AND WHO WOULD BE INVOLVED TO MAKE THAT HAPPEN]

6. I'd like to ask specifically about health care in your community. If you or your family had a general health issue that needed a doctor's care or prescription medicine – such as the flu or a child's ear infection– where would you go for this type of health care? [PROBE IF THEY GO TO PRIVATE PRACTICE, COMMUNITY HEALTH CLINIC, E/R, ETC]

    a. What do you think of the health care services in your community? [PROBE ON POSITIVE AND NEGATIVE ASPECTS OF THE HEALTH CARE SERVICES]

    b. Have you or someone close to you ever experienced any challenges in trying to get health care? What specifically? [PROBE FOR BARRIERS: INSURANCE ISSUES, LANGUAGE BARRIERS, LACK OF TRANSPORTION, ETC.]

        i. [NAME BARRIER] was mentioned as something that made it difficult to get health care. What do you think would help so that people don't experience the same type of problem that you did in getting health care? What would be needed so that this doesn't happen again? [REPEAT FOR OTHER BARRIERS]

V. VISION OF COMMUNITY AND PROGRAM/SERVICE ENVIRONMENT

7. I'd like you to think ahead about the future of your community. When you think about the community 3-5 years from now, what would you like to see? What is your vision for the future?

    a. What is your vision specifically related to people's health in the community?

        i. What do you think needs to happen in the community to make this vision a reality?

ii. Who should be involved in this effort?

VI. CLOSING

Thank you so much for your time. That's it for my questions. Is there anything else that you would like to mention that we didn't discuss today? Thank you again. Have a good afternoon.

[IF NEEDED: TALK ABOUT NEXT STEPS OF THE PROCESS; SPECIFICALLY HOW PARTICIPANTS CAN RECEIVE FOLLOW UP INFORMATION. PLEASE NOTE THAT CURRENTLY, CAMBRIDGE PUBLIC HEALTH DEPARTMENT IS EXPLORING THE POSSIBILITY OF CONDUCTING A SHAREBACK SESSION FOR PROVIDERS IN THE FALL. THEY WILL ALSO BE DEVELOPING A WEBPAGE WITH SOME BASIC INFORMATION ABOUT THE COMMUNITY HEALTH ASSESSMENT PROCESS TO BE LOCATED IN THEIR "Policies and Practice" section.]

Appendix F: Interview Guide

[NOTE: QUESTIONS FOR THE INTERVIEW GUIDE ARE INTENDED TO SERVE AS A GUIDE, NOT A SCRIPT.]

I. BACKGROUND (5 minutes)

- Hi, my name is _____ and I am with Cambridge Health Department. Thank you for taking the time to speak with me today.

- The Cambridge Health Department is undertaking a comprehensive community health assessment effort to gain a greater understanding of the health of residents and how health needs are currently being addressed. As part of this process, we are having discussions like these in the community with a wide range of people - community members, government officials, leaders in the faith community, health care and social service providers, and staff from a range of community organizations. We are interested in hearing people's feedback on the strengths and needs of the community and suggestions for the future.

- We are conducting interviews with leaders in the community and focus groups with residents to gather these perspectives. We greatly appreciate your feedback, insight, and honesty.

- Our interview will last about 30-45minutes. After all of the interview and focus group discussions are completed, we will be writing a summary report of the general themes that have emerged during the discussions. We will not include any names or identifying information in that report. All names and responses will remain confidential. Nothing sensitive that you say here will be connected to directly to you in our report.

- Any questions before we begin our introductions and discussion?

II. THEIR AGENCY/ORGANIZATION

2. Can you tell me a bit about your organization/agency? [TAILOR PROBES DEPENDING ON AGENCY]

    a. [PROBE ON ORGANIZATION: What is your organization's mission/programs/services? What communities do you work in? Who are the main clients/audiences for your programs?

        i. What are some of the biggest challenges your organization faces in providing these programs/services in the community?

    b. Do you currently partner with any other organizations or institutions in any of your programs/services?

III. COMMUNITY ISSUES

3. How would you describe the community which your organization serves?

    a. What do you consider to be the community's strongest assets/strengths?

    b. What are some of its biggest concerns/issues in general? What challenges do residents face day-to-day?

4. What do you think are the most pressing health concerns in the community? Why? [PROBE ON SPECIFICS]

    a. How have these health issues affected your community? In what way?

        i. Who do you consider to be the populations in the community most vulnerable or at risk for these conditions/issues?

    b. From your experience, what are residents' biggest challenges to addressing these health issues?

        i. [PROBE ON RANGE OF CHALLENGES: E.g., Various barriers to accessing to medical and/or preventive care and services, socioeconomic factors, lack of community resources, social/community norms, etc.]

IV. PERCEPTIONS OF HEALTH CARE AND PUBLIC HEALTH/PREVENTION SERVICES

5. What do you see as the strengths of the health care services in your community? What do you see as its limitations?

    a. What challenges do residents in your community face in accessing health care?

        i. What do you think needs to happen in your community to help residents overcome or address these challenges?

6. In general, what do you see as the overall strengths and limitations related to the public health/prevention-related programs, services, or policies in your community?

    a. What challenges do residents in your community face in accessing prevention services or programs?

        i. What do you think needs to happen in your community to help residents overcome or address these challenges?

7. Let's talk about a few of the health issues you mentioned previously. [SELECT TOP HEALTH CONCERNS] What programs, services, or policies are you aware of in the community that currently focus on these health issues? [PROBE FOR SPECIFICS]

    a. In your opinion, how effective have these programs, services, or policies been at addressing these issues? Why?

b. Where are the gaps? What program, services, or policies are currently not available that you think should be?

c. What do you think needs to be done to address these issues?

i. Do you see opportunities currently out there that can be seized upon to address these issues? For example, are there some "low hanging fruit" – current collaborations or initiatives that can be strengthened or expanded?

V. VISION OF COMMUNITY AND PROGRAM/SERVICE ENVIRONMENT

8. I'd like you to think ahead about the future of your community. When you think about the community 3-5 years from now, what would you like to see? What is your vision for the future?

a. What is your vision specifically related to people's <u>health</u> in the community?

i. What do you think needs to happen in the community to make this vision a reality?

ii. Who should be involved in this effort?

VI. CLOSING (2 minutes)

Thank you so much for your time. That's it for my questions. Is there anything else that you would like to mention that we didn't discuss today? Thank you again. Have a good afternoon.

Appendix G: Detailed Survey Data by Race and Ethnicity

Table 26: Top Health Concerns in Cambridge among Survey Respondents by Race and Ethnicity, 2013 (n=1,519)

	Overall	White	Black/ African American	Hispanic/ Latino	Asian
Cost of medical, dental, or mental health care (like co-pays, prescriptions)	40%	45%	36%	37%	40%
Age-related conditions (like Alzheimer's, arthritis, hearing or vision loss, mobility)	40%	44%	31%	34%	30%
Being overweight or obese	39%	43%	39%	45%	25%
Mental health (like depression, anxiety, stress, bipolar disorder)	36%	42%	23%	29%	27%
Cancer	32%	33%	42%	33%	29%
Dental and oral health	23%	20%	23%	21%	44%
Alcohol and other drug abuse (like cocaine, ecstasy, heroin, marijuana)	19%	19%	21%	34%	12%
Diabetes	19%	11%	36%	26%	34%
Lack of affordable health insurance	19%	19%	21%	18%	17%
Heart disease	17%	16%	22%	16%	21%
Infectious diseases (like flu, pneumonia, TB)	13%	14%	8%	9%	17%
Disabilities (like physical, emotional, learning, sensory)	11%	13%	9%	13%	8%
Other, please specify	11%	14%	3%	9%	6%
Food safety or foodborne illness	11%	10%	6%	7%	24%
Tobacco use	9%	7%	15%	17%	11%
Finding a primary care doctor	9%	9%	6%	9%	19%
Chronic respiratory disease in adults (like asthma, emphysema, COPD)	7%	7%	7%	13%	8%
Motor vehicle injuries	7%	8%	5%	3%	9%
Insect-borne illnesses (like West Nile Virus, EEE, Lyme)	7%	9%	2%	2%	3%
Reproductive health	7%	9%	3%	1%	5%
Domestic violence	6%	5%	10%	10%	7%
Childhood asthma	6%	4%	8%	9%	13%
Not sure or no opinion	6%	4%	7%	2%	5%
Sexually transmitted infections (like HIV/AIDS, Chlamydia)	5%	4%	8%	10%	5%
Hunger	4%	3%	6%	15%	2%
Child abuse or neglect	4%	4%	9%	6%	1%
Prescription drug abuse	3%	2%	2%	10%	0%
Teenage pregnancy	2%	1%	6%	5%	3%
Suicide	2%	2%	2%	2%	2%
Total respondents	*1519*	*926*	*212*	*100*	*149*

DATA SOURCE: Cambridge Community Health Assessment Survey, 2013.
NOTE: Survey respondents were asked, "What are the **TOP 5 health concerns** for you, your family, and your close social circle (friends, neighbors, coworkers, etc.)?"
NOTE: Arranged in descending order by "Overall"

Table 27: Top Social and Economic Issues that Affect Health in Cambridge among Survey Respondents by Race and Ethnicity, 2013 (n=1,482)

	Overall	White	Black/ African American	Hispanic Latino	Asian
Lack of affordable housing	47%	51%	49%	36%	38%
Homelessness	44%	46%	39%	51%	46%
Alcohol and other drug abuse (like cocaine, ecstasy, heroin, marijuana)	42%	44%	42%	52%	35%
Poverty	32%	37%	26%	27%	19%
Lack of affordable child care	29%	32%	23%	23%	30%
Lack of employment opportunities	21%	18%	28%	23%	24%
Lack of healthy and affordable food choices	17%	18%	15%	20%	13%
Safety in public spaces (like parks, bus or train stations)	16%	17%	12%	15%	18%
Violence (like gang, street, or school violence)	14%	14%	11%	11%	20%
Discrimination	13%	8%	29%	22%	15%
Domestic violence	13%	13%	13%	18%	12%
Racism	13%	12%	21%	16%	7%
Social isolation	13%	14%	13%	11%	13%
Gun violence	12%	7%	20%	14%	27%
Hunger	11%	11%	7%	21%	5%
Bullying	10%	9%	15%	15%	15%
Dropping out of school	9%	7%	13%	15%	9%
Lack of health education (like personal safety, nutrition, substance abuse) for children and youth	9%	8%	7%	6%	15%
Not sure or no opinion	9%	9%	9%	3%	4%
Lack of accessibility (like physical, communication, and transportation access) for people with disabilities	8%	8%	10%	6%	7%
Lack of health information (like nutrition, disease management, health services) for adults	7%	6%	7%	7%	10%
Lack of affordable recreational activities	7%	7%	6%	5%	11%
Lack of educational opportunities	6%	4%	7%	11%	12%
Rape or sexual assault	5%	5%	5%	7%	2%
Other, please specify	5%	7%	2%	2%	2%
Total respondents	*1482*	*926*	*212*	*100*	*149*

DATA SOURCE: Cambridge Community Health Assessment Survey, 2013.
NOTE: Survey respondents were asked “In your opinion, what are the **TOP 5 social and economic issues that affect health** in Cambridge?”
NOTE: Arranged in descending order by "Overall"

Table 28: Top Environmental Health and Safety Issues in Cambridge among Survey Respondents by Race and Ethnicity, 2013 (n=1,482)

	Overall	White	Black/ African American	Hispanic /Latino	Asian
Sharing the road: safe interactions between motor vehicles, bicyclists, and pedestrians	51%	62%	35%	35%	41%
Climate change	30%	32%	22%	20%	36%
Safety for bicyclists	23%	26%	18%	26%	19%
Housing conditions: indoor air quality, pests, mold/moisture	22%	20%	29%	31%	28%
Rodents	21%	19%	26%	29%	21%
Noise level	17%	19%	12%	13%	19%
Safety for pedestrians	16%	17%	13%	21%	13%
Tobacco smoke outdoors or in public locations	15%	10%	28%	22%	26%
Outdoor air quality	14%	17%	10%	9%	7%
Drinking water quality	10%	7%	15%	13%	16%
Hazardous material concerns (soil or groundwater)	10%	10%	6%	10%	6%
Housing conditions: physically unsafe conditions	9%	7%	14%	11%	8%
Not sure or no opinion	7%	6%	7%	6%	3%
Lead poisoning	6%	6%	6%	7%	5%
Other, please specify	6%	6%	4%	2%	3%
Hazardous workplace exposures and safety conditions	5%	4%	5%	9%	6%
Tobacco smoke within your residence or building	5%	3%	8%	8%	10%
Odors	3%	2%	4%	7%	6%
Total respondents	*1482*	*926*	*212*	*100*	*149*

DATA SOURCE: Cambridge Community Health Assessment Survey, 2013.
NOTE: Survey respondents were asked, “In your opinion, what are the **TOP 3 environmental health and safety issues** in Cambridge?”
NOTE: Arranged in descending order by "Overall"

Table 29: Barriers to Accessing Health Care Services in the Past 2 Years in Cambridge among Survey Respondents by Race and Ethnicity, 2013 (n=330)

	Overall	White	Black/ African American	Hispanic/ Latino	Asian
Cost of care (like prescriptions, co-pays)	57%	58%	65%	65%	58%
Long waits for appointments	40%	38%	42%	38%	54%
Insurance: provider does not take my type of insurance	27%	32%	19%	29%	22%
No evening or weekend services	25%	28%	17%	29%	32%
Insurance: do not have insurance	23%	22%	31%	32%	16%
Other, please specify	20%	29%	12%	9%	2%
Culture: doctor, nurse, or office staff does not understand my culture	11%	2%	15%	21%	30%
Afraid to go to the doctor	10%	6%	10%	26%	18%
Unfriendliness of doctor, nurse, or office staff	10%	11%	10%	15%	14%
Don't have a regular doctor or place of care	10%	10%	10%	12%	8%
Don't know where to get health care	9%	8%	12%	9%	14%
Language: doctor, nurse, or office staff does not speak my language	8%	1%	6%	12%	26%
Discrimination by doctor, nurse, or office staff	8%	2%	23%	12%	10%
No available doctor near me	8%	8%	6%	12%	10%
No transportation	8%	6%	10%	12%	8%
Afraid that health care information is not kept confidential	6%	6%	12%	12%	6%
Total respondents	*330*	*171*	*48*	*34*	*50*

DATA SOURCE: Cambridge Community Health Assessment Survey, 2013.
NOTE: Survey respondents were asked, "**In the past 2 years,** which of the following issues have made it difficult or prevented you from getting medical, dental, or mental health services for you or your family?"
NOTE: This question was asked of respondents who answered "Yes" to the question: **"In the past two years,** have you had difficulty getting medical, dental, or mental health services for you or your family when you needed them?"
NOTE: Arranged in descending order by "Overall"

Table 30: Availability of Services for Which Survey Respondents Reported Being "Extremely Satisfied," by Race and Ethnicity, 2013 (n=1,026)

	Overall	White	Black/ African American	Hispanic/ Latino	Asian
Health care providers who take your insurance	21.0%	25.0%	16.0%	7.0%	16.0%
Health or medical services for adults (ages 19-64)	19.2%	22.0%	12.0%	13.0%	16.0%
Health or medical services for children and youth (under age 18)	17.5%	20.0%	7.0%	17.0%	20.0%
Public transportation to area health services	16.9%	18.0%	13.0%	7.0%	10.0%
Dental or oral health services	16.0%	19.0%	10.0%	11.0%	8.0%
Medical specialists	14.0%	16.0%	10.0%	8.0%	13.0%
Health or medical services for seniors (ages 65+)	10.1%	10.0%	12.0%	4.0%	8.0%
Counseling or mental health services	9.8%	11.0%	6.0%	4.0%	6.0%
Birth control or sexual health services	9.6%	11.0%	9.0%	8.0%	6.0%
Interpreters during medical visits or when receiving health information	5.1%	3.0%	9.0%	8.0%	7.0%
Programs to help people lose weight	4.1%	4.0%	3.0%	1.0%	4.0%
Programs to help people quit smoking	3.3%	3.0%	4.0%	1.0%	3.0%
Alcohol or drug treatment services	2.9%	3.0%	1.0%	0.0%	4.0%
Total Respondents	1025	678	134	71	108

DATA SOURCE: Cambridge Community Health Assessment Survey, 2013.
NOTE: Survey respondents were asked, "Please think about the **AVAILABILITY** of medical, dental, or mental health services **in Cambridge**. How satisfied or dissatisfied are you with the **availability** of the following services?"
Possible response options included: (1) not at all satisfied; (2) slightly satisfied; (3) moderately satisfied; (4) very satisfied; (5) extremely satisfied; and, (6) not sure or don't know
NOTE: This question was asked of respondents who answered "Yes" to the question: **"In the past two years,** have you used or tried to use medical, dental, or mental health services **in Cambridge**."
NOTE: Arranged in descending order by "Overall"

Appendix H: Detailed Survey Data by Gender

Figure 47: Barriers to Accessing Health Care Services in the Past 2 Years in Cambridge among Survey Respondents by Gender, 2013 (n=330)

	Overall	Female	Male
Cost of care (like prescriptions, co-pays)	57%	60%	55%
Long waits for appointments	40%	41%	38%
Insurance: provider does not take my type of insurance	27%	29%	17%
No evening or weekend services	25%	29%	14%
Insurance: do not have insurance	23%	23%	27%
Other, please specify	20%	19%	22%
Culture: doctor, nurse, or office staff does not understand my culture	11%	12%	9%
Afraid to go to the doctor	10%	9%	14%
Don't have a regular doctor or place of care	10%	10%	11%
Unfriendliness of doctor, nurse, or office staff	10%	12%	5%
Don't know where to get health care	9%	8%	12%
Discrimination by doctor, nurse, or office staff	8%	8%	6%
Language: doctor, nurse, or office staff does not speak my language	8%	9%	5%
No available doctor near me	8%	7%	11%
No transportation	8%	6%	12%
Afraid that health care information is not kept confidential	6%	7%	3%
Total respondents	*330*	*249*	*64*

DATA SOURCE: Cambridge Community Health Assessment Survey, 2013.
NOTE: Survey respondents were asked, "**In the past 2 years,** which of the following issues have made it difficult or prevented you from getting medical, dental, or mental health services for you or your family?"
NOTE: This question was asked of respondents who answered "Yes" to the question: **"In the past two years,** have you had difficulty getting medical, dental, or mental health services for you or your family when you needed them?"
NOTE: Arranged in descending order by "Overall"