



May 29, 2015

Dear Cambridge Community,

We are pleased to present the final report of the **2015 City of Cambridge Community Health Improvement Plan**.

In 2014, the Cambridge Public Health Department conducted a community health assessment to better understand the city's most pressing health needs. Based on data and key themes from the assessment, community stakeholders and health department staff identified health priority areas for the city, which provided the basis for the development of a comprehensive citywide health improvement plan.

The Cambridge Community Health Improvement Plan (CHIP) is part of an effort by the city to have a nationally accredited health department and to transform the practice of local public health. The CHIP is a five-year plan that has identified the various determinants of health that will be the focus of efforts supported by a mosaic of community partners.

In this report, you will find actionable goals, objectives, and strategies for making tangible progress across four health priority areas initially identified in the assessment. The defined priority areas and cross-cutting strategies include mental health/substance abuse, violence, healthy and affordable housing, healthy eating/active living, access to health care and health equity.

The Cambridge Community Health Improvement Plan reflects the broad participation of people who live and work in Cambridge:

- Over 70 people from diverse sectors of the community participated in developing strategic components of the plan as members of a common "village" with a commitment to the vibrancy of the local community.
- Over 30 subject matter experts and reviewers helped to refine the plan reflecting the true population health efforts that are embedded in the document itself.
- A variety of brainstorming sessions that engaged community stakeholders to take ownership of the plan and be held accountable for the progress made over time and to incorporate corrective actions as needed.

We hope you will find this plan to be illuminating and inspiring. We invite each of you to join us on the journey as we further define the *culture of health* here in Cambridge.

Handwritten signature of Richard C. Rossi in black ink.

Richard C. Rossi
City Manager

Handwritten signature of Patrick R. Wardell in black ink.

Patrick R. Wardell
Commissioner of Public Health



City of Cambridge Community Health Improvement Plan, May 2015

Executive Summary

Where and how we live, learn, work, and play affects our health. Understanding how these factors influence health is critical for developing the best strategies to address them. To accomplish these goals, the Cambridge Public Health Department led a comprehensive community health planning effort to measurably improve the health of Cambridge residents. This effort included two major phases:

1. A community health assessment (CHA) to identify the health-related needs and strengths of Cambridge
2. A community health improvement plan (CHIP) to determine major health priorities, overarching goals, and specific objectives and strategies that can be implemented in a coordinated way across Cambridge

In addition to guiding future services, programs, and policies for community agencies and organizations, the CHA and CHIP are also required for the health department to earn accreditation by the Public Health Accreditation Board (PHAB), a distinction which indicates that the agency is meeting national standards for public health system performance.

The *2015 City of Cambridge Community Health Improvement Plan* was developed over the period December 2013–May 2015, using the key findings from the CHA, which included qualitative data from focus groups, key informant interviews and community forums that were conducted locally; as well as quantitative data from local, state and national indicators to inform discussions and determine health priority areas. The CHA is accessible at www.cambridgepublichealth.org/publications/FinalCambridgeCHAreport.pdf.

To develop a shared vision, plan for improved community health, and help sustain implementation efforts, the Cambridge assessment and planning process engaged community members and local public health partners through different avenues:

- a. The Accreditation Steering Committee, comprised of health department leadership, was responsible for overseeing the community health assessment, and overseeing the development of the community health improvement plan
- b. The Cambridge Public Health Department (CPHD) Management Team and staff were responsible for reviewing documents and providing subject matter expertise and data for defined priorities
- c. The CHIP Workgroups, representing broad and diverse sectors of the community and organized around each health priority area, were responsible for developing the goals, objectives and strategies for the CHIP
- d. The Community Health Advisory Group, comprised of diverse leaders from Cambridge, representing sectors such as government, non-profit organizations and coalitions,

business and industry, health, education, and community services, was responsible for ensuring buy in from key stakeholders as well as alignment with the city's strategic goals and priorities.

CPHD staff and community partners used common criteria and a multi-voting process to identify the following priority health issues that would be addressed in the CHIP:

- Priority Area 1:* **Mental/Behavioral Health and Substance Abuse**
Goal 1: Support and enhance the mental, behavioral, and emotional health of all, and reduce the impact of alcohol, tobacco and other drugs.
- Priority Area 2:* **Violence**
Goal 2: Establish a new community norm that strives for peace and justice, and provides a comprehensive approach to address all forms of violence.
- Priority Area 3:* **Healthy, Safe and Affordable Housing**
Goal 3: Ensure a socioeconomically diverse community through the preservation and expansion of high quality, healthy, and safe housing that is affordable across income levels.
- Priority Area 4:* **Healthy Eating and Active Living**
Goal 4: Make it easy for people to improve health and well-being through healthy eating and active living.

Initially **health equity/social justice** and **health access** were identified as priority areas for the CHIP, but they are now presented in the plan as **cross-cutting strategies** similar to other communities pursuing national accreditation who have adopted this approach. These issues have been identified as key focal points for integration across all the priority areas in the plan and are incorporated into each priority area as a cluster of related strategies.

May 2015

The City of Cambridge Community Health Improvement Plan

CAMBRIDGE PUBLIC HEALTH DEPARTMENT



Submitted by:



Health Resources in Action
Advancing Public Health and Medical Research

Dear Cambridge Community,

We are pleased to present the *2015 City of Cambridge Community Health Improvement Plan*, produced by the Cambridge Public Health Department.

The community health improvement plan (CHIP) is part of a citywide effort to have a nationally accredited health department and to transform the practice of public health.

The CHIP lays the foundation for addressing some of the most challenging public health issues facing Cambridge. Solving complex societal and health problems—like homelessness or obesity—does not happen overnight. It requires strategic planning and the broad will of the community to make progress incrementally.

Local governmental and community leaders came together last year to create the Cambridge CHIP. In two "rapid planning" sessions last winter, over 70 stakeholders reviewed the top concerns identified in the *2014 City of Cambridge Community Health Assessment* and then proposed the following health priority areas for the city:

- Mental/Behavioral Health
- Substance Abuse
- Violence
- Healthy, Safe and Affordable Housing
- Healthy Eating and Active Living
- Health Equity and Social Justice
- Access to Health Care

In the months that followed, health department staff, subject matter experts, and many others developed actionable goals, objectives, and strategies for making tangible progress in these areas over the next five years.

This has been a remarkable journey for our staff and we are grateful to the array of community partners who contributed to the success of this collaborative process. Together we will make Cambridge a healthier place to live, learn, work, and play as we continue to cultivate a culture of health here in the city.

Sincerely,



Claude Jacob
Chief Public Health Officer
Cambridge Health Alliance
City of Cambridge

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EXECUTIVE SUMMARY

Where and how we live, learn, work, and play affects our health. Understanding how these factors influence health is critical for developing the best strategies to address them. To accomplish these goals, the Cambridge Public Health Department led a comprehensive community health planning effort to measurably improve the health of Cambridge residents. This effort included two major phases:

1. A community health assessment (CHA) to identify the health-related needs and strengths of Cambridge
2. A community health improvement plan (CHIP) to determine major health priorities, overarching goals, and specific objectives and strategies that can be implemented in a coordinated way across Cambridge

In addition to guiding future services, programs, and policies for community agencies and organizations, the CHA and CHIP are also required for the health department to earn accreditation by the Public Health Accreditation Board (PHAB), a distinction which indicates that the agency is meeting national standards for public health system performance.

The *2015 City of Cambridge Community Health Improvement Plan* was developed over the period December 2013–May 2015, using the key findings from the CHA, which included qualitative data from focus groups, key informant interviews and community forums that were conducted locally; as well as quantitative data from local, state and national indicators to inform discussions and determine health priority areas. The CHA is accessible at www.cambridgepublichealth.org/publications/FinalCambridgeCHAreport.pdf.

To develop a shared vision, plan for improved community health, and help sustain implementation efforts, the Cambridge assessment and planning process engaged community members and local public health partners through different avenues:

- a. The Accreditation Steering Committee, comprised of health department leadership, was responsible for overseeing the community health assessment, and overseeing the development of the community health improvement plan
- b. The Cambridge Public Health Department (CPHD) Management Team and staff were responsible for reviewing documents and providing subject matter expertise and data for defined priorities
- c. The CHIP Workgroups, representing broad and diverse sectors of the community and organized around each health priority area, were responsible for developing the goals, objectives and strategies for the CHIP
- d. The Community Health Advisory Group, comprised of diverse leaders from Cambridge, representing sectors such as government, non-profit organizations and coalitions, business and industry, health, education, and community services, was responsible for ensuring buy in from key stakeholders as well as alignment with the city's strategic goals and priorities.

CPHD staff and community partners used common criteria and a multi-voting process to identify the following priority health issues that would be addressed in the CHIP:

Priority Area 1: **Mental/Behavioral Health and Substance Abuse**

Goal 1: Support and enhance the mental, behavioral, and emotional health of all, and reduce the impact of alcohol, tobacco and other drugs.

Priority Area 2: **Violence**

Goal 2: Establish a new community norm that strives for peace and justice, and provides a comprehensive approach to address all forms of violence.

Priority Area 3: **Healthy, Safe and Affordable Housing**

Goal 3: Ensure a socioeconomically diverse community through the preservation and expansion of high quality, healthy, and safe housing that is affordable across income levels.

Priority Area 4: **Healthy Eating and Active Living**

Goal 4: Make it easy for people to improve health and well-being through healthy eating and active living.

Initially **health equity/social justice** and **health access** were identified as priority areas for the CHIP, but they are now presented in the plan as **cross-cutting strategies** similar to other communities pursuing national accreditation who have adopted this approach. These issues have been identified as key focal points for integration across all the priority areas in the plan and are incorporated into each priority area as a cluster of related strategies.

Cambridge Community Health Improvement Plan

BACKGROUND

Where and how we live, learn, work, and play affects our health. Understanding how these factors influence health is critical for developing the best strategies to address them. To accomplish these goals, the Cambridge Public Health Department (CPHD) led a comprehensive community health planning effort to measurably improve the health of Cambridge residents.

The community health improvement planning process included two major components:

1. A community health assessment (CHA) to identify the health-related needs and strengths of Cambridge
2. A community health improvement plan (CHIP) to determine major health priorities, overarching goals, and specific objectives and strategies that can be implemented in a coordinated way across Cambridge

The *2015 City of Cambridge Community Health Improvement Plan* was developed over the period December 2013–May 2015, using the key findings from the CHA, which included qualitative data from focus groups, key informant interviews and community forums that were conducted locally; as well as quantitative data from local, state and national indicators to inform discussions and determine health priority areas. The CHA is accessible at:

www.cambridgepublichealth.org/publications/FinalCambridgeCHAreport.pdf.

Moving from Assessment to Planning

Similar to the process for the CHA, the CHIP utilized a participatory, collaborative approach guided by the Mobilization for Action through Planning and Partnerships (MAPP) process.¹ MAPP, a comprehensive, community-driven planning process for improving health, is a framework that local public health departments across the country have employed to help direct their strategic planning efforts. MAPP comprises distinct assessments that are the foundation of the planning process, and includes the identification of strategic issues and goal/strategy formulation as prerequisites for action. Since health needs are constantly changing as a community and its context evolve, the cyclical nature of the MAPP planning/implementation/evaluation/correction process allows for the periodic identification of new priorities and the realignment of activities and resources to address them.

¹ Advanced by the National Association of County and City Health Officials (NACCHO), MAPP's vision is for communities to achieve improved health and quality of life by mobilizing partnerships and taking strategic action. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. More information on MAPP can be found at: <http://www.naccho.org/topics/infrastructure/mapp/>

To develop a shared vision, plan for improved community health, and help sustain implementation efforts, the CPHD led the assessment and planning process by engaging community members and local public health partners through different avenues:

- a. The Accreditation Steering Committee, comprised of health department leadership, was responsible for overseeing the community health assessment and overseeing the development of the community health improvement plan
- b. The Cambridge Public Health Department (CPHD) Management Team and staff were responsible for reviewing documents and providing subject matter expertise and data for defined priorities
- c. The CHIP Workgroups, representing broad and diverse sectors of the community and organized around each health priority area, were responsible for developing the goals, objectives and strategies for the CHIP
- d. The Community Health Advisory Group, comprised of diverse leaders from Cambridge, representing sectors such as government, non-profit organizations and coalitions, business and industry, health, education, and community services, was responsible for ensuring buy in from key stakeholders as well as alignment with the city's strategic goals and priorities.

In 2013, CPHD hired Health Resources in Action (HRiA), a non-profit public health organization located in Boston, MA, as a consultant partner to provide strategic guidance and facilitation of the CHA-CHIP process, collect and analyze data, and develop the resulting reports and plan. HRiA has extensive experience developing health assessments and health improvement plans locally, regionally, and nationally, including state-level plans in Massachusetts and Connecticut. Over the past two years, HRiA has assisted both local and state health departments in meeting the required assessment and planning standards for Public Health Accreditation Board (PHAB) accreditation.

In January/February 2014, a summary of the CHA findings was presented to the Accreditation Steering Committee, community partners, subject matter experts, and representatives from the City of Cambridge for review and refinement, and to serve as the official launching point for the CHIP.

During two half-day meetings, CHIP workgroups, which included some members from the Accreditation Steering Committee, CPHD staff and the Community Health Advisory Group identified issues and themes from which priority health issues were identified and subcategories developed. While many areas are significant, it was emphasized that identifying a few priority areas would enable more focus and collaboration for impacting the community. A multi-voting process using dots and agreed upon selection criteria was used to identify which priority health issues and subcategories would be addressed in the CHIP. *For a complete description of the selection process, please see page 10.*

OVERVIEW OF THE COMMUNITY HEALTH IMPROVEMENT PLAN

A. What is a Community Health Improvement Plan?

A community health improvement plan, or CHIP, is an action-oriented strategic plan that outlines the priority health issues for a defined community and how these issues will be addressed, including strategies and measures, to ultimately improve the health of the community. CHIPs are created through a community-wide, collaborative planning process that engages partners and organizations to develop, support, and implement the plan. A CHIP is intended to serve as a vision for the health of the community and a framework for organizations to use in leveraging resources, engaging partners, and identifying their own priorities and strategies for community health improvement.²

Building upon the key findings and themes identified in the *2014 City of Cambridge Community Health Assessment*, the CHIP:

- Identifies priority issues for action to improve community health
- Outlines an implementation and improvement plan with performance measures for evaluation
- Guides future community decision-making related to community health improvement

In addition to guiding future services, programs, and policies for community agencies and organizations, the community health improvement plan fulfills one of the required prerequisites for the Cambridge Public Health Department to be eligible for national accreditation, which demonstrates the agency's commitment to improving quality and public health system performance.

B. How to Use the CHIP

A CHIP is designed to be a broad, strategic framework for community health, and should be modified and adjusted as conditions, resources, and external environmental factors change. It is developed and written in a way that engages multiple perspectives so that all community groups and sectors—private and nonprofit organizations, government agencies, academic institutions, community and faith-based organizations, and citizens—can unite to improve the health and quality of life for all people who live, learn, work, and play in Cambridge. We encourage you to review the priorities and goals, reflect on the suggested strategies, and consider how you can participate in this effort, in whole or in part.

C. Relationship Between the CHIP and Other Guiding Documents and Initiatives

The CHIP was designed to complement and build upon other guiding documents, plans, initiatives, and coalitions already in place to improve the public health of Cambridge. Rather than conflicting with or duplicating the recommendations and actions of existing frameworks and coalitions, the participants of the CHIP planning process identified potential partners and resources wherever possible.

² As defined by the Health Resources in Action, Strategic Planning Department, 2013
2015 City of Cambridge Community Health Improvement Plan (CHIP)

PROCESS FROM PLANNING TO ACTION

A. Community Engagement

The Cambridge Public Health Department (CPHD) led the planning process for Cambridge and oversaw all aspects of the CHIP development, including the establishment of CHIP workgroups and the refinement of details for identified health priorities. The Accreditation Steering Committee continued to convene from the Assessment Phase to the Planning Phase, guiding all aspects of planning and offering expert input on plan components.

CHIP session participants included over 70 individuals with expertise and interest in priority areas identified in the CHA and who represented broad and diverse sectors of the community. *See Appendix A for workgroup participants.*

B. Development of Data-Based, Community-Identified Health Priorities

Issues and Themes Identified in the Community Health Assessment

In January/February 2014, a summary of the *2014 City of Cambridge Community Health Assessment* findings was presented to the CHIP workgroup members for further discussion. The following themes emerged most frequently from review of the available data and were considered in the selection of the CHIP health priorities:

Access to Health Care

Availability of clinics
Health insurance costs
Navigating the healthcare system
After hours care
Awareness of services
Coordination of care
Bilingual/culturally responsive care

Mental/Behavioral Health

Depression
Anxiety
Social isolation
Stigma
Trauma
Cyberbullying

Health Literacy

Language/cultural barriers
Availability and appropriateness of prevention-based health information

Substance Abuse

Prescription drug misuse
Marijuana
Alcohol
Tobacco

Chronic Disease

Heart disease
Cancer
Diabetes
Asthma
Health facilities/resources
Emergency room overuse
Health insurance/cost
Navigating the health care system

Oral Health

Access to care
Insurance/out of pocket expense

Obesity

Higher rates for minority and lower income youth

Process to Set Health Priorities

Facilitators used a multi-voting process to identify the most important public health issues for Cambridge from the list of major themes identified from the CHA. Each planning participant received seven dots to apply to their top seven public health priorities, after reviewing, discussing, and agreeing upon the following selection criteria:

RELEVANCE <i>How Important Is It?</i>	APPROPRIATENESS <i>Should We Do It?</i>	IMPACT <i>What Will We Get Out of It?</i>	FEASIBILITY <i>Can We do It?</i>
<ul style="list-style-type: none"> - Burden (magnitude and severity, economic cost; urgency of the problem) - Community concern - Focus on equity and accessibility 	<ul style="list-style-type: none"> - Ethical and moral issues - Human rights issues - Legal aspects - Political and social acceptability - Public attitudes and values 	<ul style="list-style-type: none"> - Effectiveness - Coverage - Builds on or enhances current work - Can move the needle and demonstrate measureable outcomes - Proven strategies to address multiple wins 	<ul style="list-style-type: none"> - Community capacity - Technical capacity - Economic capacity - Political capacity/will - Socio-cultural aspects - Ethical aspects - Can identify easy short-term wins

This process was followed by a show of hands vote, which resulted in the selection of the same issues and subcategories identified during the multi-voting process.

Based on the results of the multi-voting exercise, the Accreditation Steering Committee and CPHD leadership members agreed upon the following seven health priority areas for the CHIP:

- Mental/Behavioral Health
- Substance Abuse
- Violence
- Healthy, Safe and Affordable Housing
- Healthy Eating and Active Living
- Health Equity and Social Justice
- Access to Health Care

Accreditation Steering Committee and CPHD leadership feedback, along with a review of the proposed strategies, led to an additional refinement of the identified priority areas. Mental/behavioral health and substance abuse were seen as issues that are so often interlinked that they could be combined into one priority area. Careful review of these areas also showed similarity and overlap in strategies—consistent with the Massachusetts State Health Improvement Plan (SHIP) and national plans—which also led to combining the two areas.

Accreditation Steering Committee and CPHD leadership also suggested that health equity/social justice and health access be included as cross-cutting strategies for each of the CHIP priorities, as appropriate. It was determined that all priorities identified should be aimed at addressing issues of access and health inequity in Cambridge. As a result of these additional refinements, the CHIP includes four priority areas:

Priority Area 1: **Mental/Behavioral Health and Substance Abuse**

Priority Area 2: **Violence**

Priority Area 3: **Healthy, Safe and Affordable Housing**

Priority Area 4: **Healthy Eating and Active Living**

Cross-Cutting Strategies

Initially **health equity/social justice** and **health access** were identified as priority areas for the CHIP, however, they have been incorporated across the plan as **cross-cutting strategies**. These issues have been identified as key focal points for integration across all priority areas in the plan and are incorporated into each priority area as a cluster of related strategies.

Health Equity and Social Justice: Addressing health issues for disadvantaged or vulnerable populations with significant health disparities.

Vulnerable Populations

- Seniors
- Adolescents/youth
- Immigrants
- Homeless
- Low-income residents

Social Determinants of Health

- Housing affordability
- Childcare affordability
- Homelessness
- Employment

Health equity exists when everyone has the opportunity to attain their full potential and no one is disadvantaged.³ Social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances in turn are shaped by a wider set of forces: economics, social policies, and politics.⁴ Addressing the role of social determinants of health is therefore important as a primary approach to achieving health equity.

Health Access: Addressing access to health, where access is meant to be broadly inclusive. In this document, access includes the ability to get to and obtain needed health services or programs. Thus, the definition of “access” could include:

1. Transportation (i.e., public options near provider locations/hubs)
2. Insurance coverage
3. Medicaid/Medicare coverage (and gaps)
4. Provider Supply: location, qualifications, numbers to handle demand (i.e., issue in medically underserved areas)
5. Hours of service/operation for providers (i.e., evening and weekend hours for those who cannot leave work and/or work multiple jobs)
6. Culture and language sensitivity
7. Services/Program Supply (i.e., available foods, classes, outreach, support groups, etc.)

³ Brennan Ramirez LK, B.E., Metzler M., Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health, Centers for Disease Control and Prevention, Editor. 2008, Department of Health and Human Services, Atlanta, GA.

⁴ The World Health Organization
http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/index.html






C. Development of the CHIP Strategic Components

The Cambridge Public Health Department (CPHD) convened two six-hour planning sessions held in January and February of 2014. These sessions were facilitated by a team of consultants from HRiA. CPHD staff, community members and stakeholders, as well as local content experts, participated in the planning sessions. Participants broke into seven workgroups, each workgroup being responsible for drafting goals, objectives, strategies, outcome indicators, and community partners and resources for one of the identified priority areas. *See Appendix A for a list of workgroup participants and see Appendix D for a full list of partners/resources that were identified during these sessions.*

HRiA provided sample evidence-based strategies from a variety of resources including *The Community Guide to Preventive Services*, *County Health Rankings*, and the *National Prevention Strategy* for the planning sessions. As policy is inherently tied to sustainability and effectiveness, workgroups indicated whether or not strategy implementation would necessitate policy changes.

Following the planning sessions, subject matter experts from within CPHD, external partners, and HRiA consultants reviewed the draft output from the workgroups and edited material for clarity, consistency, and evidence base. This feedback has been incorporated into the final versions of the CHIP contained in this report.

Icons are used throughout the plan to highlight key issues, including cross-cutting strategies. An explanation for each icon may be found in the table below:

Symbol	Meaning
	Health Equity/Social Justice: Objectives or strategies for disadvantaged or vulnerable populations with significant health disparities.
	Health Access: Objectives or strategies that will address the issue of accessibility to health services or programs.
	Data: Initiatives that require the design, implementation, analysis and dissemination of data.
	Phase 2: Objectives and strategies that are sequenced for implementation after the first year of the plan. <i>Note: Any strategy not marked with a Phase 2 icon is scheduled for implementation within the first 1-3 years of the plan.</i>
	Developmental: Objectives for which there are no current data and for which there is an intention to gather, track, and analyze data in the future.

CHIP FRAMEWORK

Goals, Objectives, Strategies, Key Partners, and Outcome Indicators

Real, lasting community change stems from critical assessment of current conditions, an aspirational framing of the desired future, and a clear evaluation of whether efforts are making a difference. Outcome indicators tell the story about where a community is in relation to its vision, as articulated by its related goals, objectives, and strategies.

The following pages outline the Goals, Objectives, Strategies, and Outcome Indicators for the four health priority areas outlined in the CHIP. *A list of potential partners and resources for each priority area is located in Appendix D.* Data from the CHA are included in the beginning section of each priority area. *See Appendix B for a glossary of terms used in the CHIP.*

A. Priority Area 1: Mental/Behavioral Health, and Substance Abuse

The 2013 Cambridge Community Health Assessment survey asked respondents for their opinions about the five leading social and economic issues that affect the health of Cambridge. Alcohol and other drug abuse was mentioned by 42.2% of survey respondents. Mental/behavioral health was also a key theme of the assessment. A number of focus group respondents and interviewees cited concerns about mental/behavioral health issues in the community, including depression and anxiety, academic stress experienced by college students, and mental/behavioral health disorders among the homeless. Lack of services, reduction of beds in some facilities, and stigma were identified as barriers to mental/behavioral health care.

While Cambridge has many resources, assessment participants saw mental/behavioral health and substance abuse 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 immigrants, adolescents, and the socially isolated elderly. 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/behavioral health as an underlying issue still associated with stigma.

Goal 1: Support and enhance the mental, behavioral, and emotional health of all, and reduce the impact of alcohol, tobacco and other drugs.

Objective 1.1: By 2020, increase the number of residents who have access to mental/behavioral health and substance abuse services in Cambridge.













DEV

Outcome Indicator	Baseline	2020 Target	Data Source
Number of residents in Cambridge who have access to mental/behavioral health services	TBD	>baseline	TBD
Number of mental/behavioral health and substance abuse providers for adults	TBD	>baseline	TBD
Number of mental/behavioral health and substance abuse providers for adolescents	TBD	>baseline	TBD

Strategies

- # 1.1.1 Conduct an assessment of the existing number of mental/behavioral health care and substance abuse providers/resources currently available for adults, adolescents, and children at each level of care to support collaboration and efficient use of resources among providers.
 - Conduct a demographic assessment of the utilization of

mental/behavioral health and substance abuse services to establish baseline for monitoring who currently uses these services in Cambridge



-  – Conduct assessment to identify racial/ethnic/economic barriers that limit access to mental/behavioral health and substance abuse care
-  – Identify inequities in our community that contribute to negative mental/behavioral health outcomes and substance abuse
-  – Establish a baseline and gap analysis for the number of residents in Cambridge who have access to mental/behavioral health and substance abuse services
-  1.1.2 Establish formal partnerships with two (2) community-based organizations to promote existing culturally competent mental/behavioral health and substance abuse services and address inefficiencies through collaborative planning, service delivery, and resource sharing.
- 1.1.3 Engage media outlets to promote existing mental/behavioral health services in Cambridge.
- 1.1.4 Promote integration of Mental Health First Aid training in community-based organizations and schools.
-  1.1.5 Promote integration of behavioral health into primary care.
-  1.1.6 Increase home-based supports for substance abuse and mental/behavioral health recovery.
-  1.1.7 Ensure that patients have adequate support to effectively navigate and access mental/behavioral health and substance abuse services.
-  1.1.8 Advocate for parity in coverage for physical and mental/behavioral health to improve access, financial protection, and increase appropriate utilization of mental/behavioral health services.
-  1.1.9 Explore funding options for relapse prevention.
-  1.1.10 Train and support community providers to enroll uninsured residents.
-   1.1.11 Promote health care access points/points of entry that are racially, culturally, and linguistically appropriate.

Objective 1.2: Increase the awareness and understanding of mental/behavioral health and mental illness in Cambridge by 2020.

DEV

Outcome Indicator	Baseline	2020 Target	Data Source
Cambridge residents who are aware of mental/behavioral health and mental/behavioral health services	TBD	>baseline	TBD

Strategies

- 1.2.1 Conduct Mental Health First Aid training among public employees and agencies in Cambridge.
-  1.2.2 Conduct racial/economic awareness training for all public employees and agencies in Cambridge as a first step in moving towards social determinants of mental/behavioral health.
-  1.2.3 Establish baselines for levels of awareness and understanding of

mental/behavioral health and mental illness in Cambridge through pre/post shoulder-tap campaign in 2015.

- 1.2.4 Implement and evaluate a social marketing campaign about mental/behavioral health with the following messages:
 - Strategies for developing and maintaining positive mental/behavioral health (stress management/mindfulness)
 - Identifying signs, symptoms, and treatment for mental illness
 - Pervasiveness and stigma of mental illness
 - Cultural awareness in mental/behavioral health
- 1.2.5 Train community outreach workers in mental/behavioral health information.
- 1.2.6 Establish partnerships with regional (National Alliance on Mental Illness (NAMI)) and national (National Institute of Mental Health (NIMH)) agencies who are already engaged in awareness campaigns information.

Objective 1.3: Increase the number of tailored mental/behavioral health prevention strategies and treatment services addressing vulnerable populations by 2020.



Outcome Indicator	Baseline	2020 Target	Data Source
Number of mental/behavioral health services for lesbian, gay, bisexual, transgender (LGBT) individuals	TBD	>baseline	TBD
Number of mental/behavioral health services for the elderly ages 65+	TBD	>baseline	TBD
Number of mental/behavioral health services for youth ages 12–18 years	TBD	>baseline	TBD
Number of mental/behavioral health services for immigrants	TBD	>baseline	TBD
Number of mental/behavioral health services for homeless individuals	TBD	>baseline	TBD

Strategies

- 1.3.1 Conduct geriatric home-visiting mental/behavioral health services.
- 1.3.2 Implement a clinic-based care management program that includes:
 - Active screening for depression and other mental illnesses
 - Measurement-based outcomes

- Trained care managers providing case management
 - Primary care with patient education, antidepressant treatment and/or psychotherapy provided with a supervising psychiatrist
- # = 1.3.3 Conduct a needs assessment, in collaboration with organizations working with vulnerable populations, to identify the need for mental/behavioral health prevention strategies and treatment services among the following populations: elderly, LGBT, homeless, immigrants, parents, and youth.
- 1.3.4 Conduct internship programs in partnership with colleges and universities that provide graduate mental/behavioral health degree programs.
- = 1.3.5 Conduct trainings on how to address mental/behavioral health prevention strategies and treatment needs of vulnerable populations directly or through partnerships with social justice training organizations.

Objective 1.4: Reduce the number of opioid overdoses to meet specified targets by 2020.



Outcome Indicator	Baseline	2020 Target	Data Source
Number of non-fatal opioid overdoses	TBD	<baseline	Cambridge Public Health Department
Number of fatal opioid overdoses	TBD	0	Cambridge Public Health Department

Strategies

- 1.4.1 Train and inform opioid users and bystanders (friends, family, co-users) on overdose risk factors, including:
- Danger of using alone
 - Concomitant use of alcohol, benzodiazepines, or other drugs
 - Re-initiation of use after periods of abstinence
 - Signs and symptoms of an overdose and what to do
- 1.4.2 Train groups who frequently come into contact with opioid users or overdose hot-spots (e.g., non-healthcare staff in police stations, hostels rehabilitation hostels, community agencies, and residential hotels) in the use of overdose reversal strategies such as the administration of Naloxone/Narcan.
- 1.4.3 Train and inform opioid users and bystanders (friends, family, co-users) on how to appropriately respond to an overdose by performing rescue breathing and administering Narcan.
- 1.4.4 Engage first responders and emergency department staff in education and information dissemination to those at risk of overdose.
- = 1.4.5 Provide incarcerates with a history of opioid use with overdose prevention information upon release from prison or jail—including information about risks of re-initiation of use after release.
- = 1.4.6 Train parole/probation officers to provide former incarcerates that have a history of opioid use with overdose prevention information during re-entry into the community.
- # 1.4.7 Conduct assessment to identify frequent users of emergency services and develop integrated care plans.
- = 1.4.8 Ensure that all Cambridge City employees who provide services or are otherwise in contact with at-risk populations are properly trained and equipped to respond to an overdose by performing rescue breathing and

administering Narcan.

- 1.4.9 Ensure that any future public restrooms are equipped with sharps containers and Narcan “smashboxes” for emergency use.
- # 1.4.10 Conduct analysis on available overdose data in order to establish a baseline number of overdoses by 2016 and track progress on 2020 target.
- 1.4.11 Educate families about the risks associated with the non-medical use of prescription drugs.
- 1.4.12 Engage the community and promote safe storage and disposal of prescription drugs through prescription take back days.
- 1.4.13 Engage pharmacies to disseminate information about risks associated with the non-medical use and safe storage, and disposal of prescription drugs.

Objective 1.5: Reduce alcohol, tobacco, and drug use in youth ages 12–18 years to meet multiple specified targets by 2020.

Outcome Indicator		Baseline	2020 Target	Data Source
Alcohol use in the past 30 days	Middle School	6.3%	5.7%	<i>Cambridge Middle Grades Health Survey, 2013</i>
	High School	34.6%	31.1%	<i>Cambridge Teen Health Survey, 2014</i>
Marijuana use in the past 30 days	Middle School	3.9%	3.7%	<i>Cambridge Middle Grades Health Survey, 2013</i>
	High School	29.9%	28.6%	<i>Cambridge Teen Health Survey, 2014</i>
Use of a prescription drug without a doctor’s prescription in their lifetime	High School	6.7%	6.0%	<i>Cambridge Teen Health Survey, 2014</i>
Tobacco use in the past thirty days	High School	12.1%	11.5%	<i>Cambridge Teen Health Survey, 2014</i>

Strategies

- 1.5.1 Conduct social norms campaigns aimed at parents to reduce youth access to alcohol, marijuana, prescription drugs, and other drugs.
- 1.5.2 Train management and staff in restaurants in responsible beverage serving (pouring and selling).
- 1.5.3 Conduct alcohol/drug use screening and brief intervention at schools.
- 1.5.4 Educate youth by augmenting cardiopulmonary resuscitation (CPR) education provided by PRO EMS.
- 1.5.5 Reduce the effects of peer influence through youth skills building training in schools (e.g. resistance skills, decision making, social skills, etc.).
- 1.5.6 Conduct social norms campaigns aimed at youth to de-normalize marijuana and alcohol use among youth ages 12–18.

- # 1.5.7 Continue implementing the Cambridge Teen Health Survey and Middle Grades Health Survey in order to track youth drug and alcohol use.
- 1.5.8 Increase the number of youth engaged in tobacco prevention activities.
- = 1.5.9 Provide education and outreach to at risk populations (e.g., pregnant, LGBT, incarcerated, poor, minority, youth, and those with special health needs) to address tobacco related disparities including tobacco industry targeting of poor and minority communities, through the utilization of community health workers.
- 1.5.10 Establish partnerships with local boards of health, community partners, and professional organizations to develop youth access campaigns and policies, in order to stay ahead of smoking industry tactics.

Objective 1.6: Reduce alcohol, tobacco, and drug misuse and abuse in adults ages 18+ to meet multiple specified targets by 2020.

Outcome Indicator	Baseline	2020 Target	Data Source
Adult binge drinking in the past 30 days*	20.5%	19.5%	Cambridge 2008 Five Cities in Massachusetts Behavioral Risk Factor Surveillance System
Adult heavy drinking in the past 30 days**	5.9%	5.6%	Cambridge 2008 Five Cities in Massachusetts Behavioral Risk Factor Surveillance System
Adult marijuana use in the past year	8.8%	8.4%	Cambridge 2008 Five Cities in Massachusetts Behavioral Risk Factor Surveillance System
Adult other drug use in the past year***	3.3%	3.1%	Cambridge 2008 Five Cities in Massachusetts Behavioral Risk Factor Surveillance System
Adult current cigarette smokers****	7.5%	6.8%	Cambridge 2008 Five Cities in Massachusetts Behavioral Risk Factor Surveillance System

*Binge drinking: 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



**Heavy drinking: men who consumed 5+ alcoholic drinks or women who consumed 4+ alcoholic drinks on one occasion in the past month

***Other drugs: powder cocaine, crack cocaine, heroin, ecstasy (ages 18–34), methamphetamines, hallucinogens, pain killers, sedatives or tranquilizers without a prescription

****Current smokers: have smoked 100+ cigarettes in lifetime and currently smoke every day or some days

Strategies

- 🔑 1.6.1 Develop or work with existing substance abuse prevention coalitions that focus on building community capacity, increasing service integration, influencing policy change, conducting needs assessments, and developing appropriate community programs.
- 1.6.2 Identify, purchase (or develop) and disseminate alcohol and drug abuse prevention patient education materials for adults.

- 1.6.3 Implement community-based education programs on alcohol abuse (cognitive-behavioral therapy, motivational enhancement, and 12-step facilitation) using strategies appropriate to culture, language, and literacy skills.
-  1.6.4 Implement alcohol screening in all points of entry into the health care system (ask about alcohol patient use, assess for alcohol related problems, advise, determine level of risk/dependence and refer to specialist if indicated).
-  1.6.5 Develop, implement, and analyze a data source for the identified indicators in order to track progress towards 2020 Target.
- 1.6.6 Increase awareness of effective methods for quitting among the general public, providers and patients through diverse and appropriate messaging.
- 1.6.7 Utilize local media campaigns to increase the reach of the state Quitline.
- 1.6.8 Promote tobacco use screening and cessation activities through meaningful use measures.
- 1.6.9 Educate smokers about the dangers of smoking around their children (in homes, in cars, etc.).
- 1.6.10 Maintain a smoke-free workplace complaint line.
- 1.6.11 Increase the number of public and private smoke-free multi-unit housing properties.
- 1.6.12 Educate community health workers about risks of secondhand smoke, prevention messages, and resources for cessation.

B. Priority Area 2: Violence

According to data on offenses known to law enforcement dating to 2009, overall crime has been decreasing in the city of Cambridge. There has been a steady decrease in the total number of violent crimes each year and an overall decrease in property crime offenses.

The rate of domestic violence, particularly among young people and immigrants, was 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.



Goal 2: Establish a new community norm that strives for peace and justice, and provides a comprehensive approach to address all forms of violence.

Objective 2.1: Increase Cambridge residents’ awareness and understanding of domestic, sexual, and gender-based violence and available community resources by 2020.

DEV

Outcome Indicator	Baseline	2020 Target	Data Source
Cambridge residents who are aware of domestic, sexual, and gender-based violence and available resources	TBD	>baseline	TBD

Strategies

-  2.1.1 Convene public, private, nonprofit and community stakeholders to assess community needs and integrate domestic, sexual, and gender-based violence prevention, intervention and support services at all levels.
- 2.1.2 Create new strategies to improve the public’s understanding of and capacity to prevent and intervene in domestic, sexual and gender-based violence.
- 2.1.3 Sustain a High Risk Assessment and Response Team and enhance systems for identifying repeat domestic violence calls, outreach and intervention services to high risk families and individuals.
- 2.1.4 Implement developmentally appropriate prevention activities in schools to educate youth about gender norms, healthy relationships, and gender-based and sexual violence.
-  2.1.5 Increase access to the spectrum of services that support families impacted by past or current domestic violence.
- 2.1.6 Develop and maintain a web-based clearinghouse of existing violence prevention and intervention resources for use community-wide.

Objective 2.2: Reduce the incidence of violence to meet multiple specified targets by 2020.






DEV

Outcome Indicator	Baseline	2020 Target	Data Source
Proportion of high school students who engage in fights	9.4%	7.5%	<i>Cambridge Teen Health Survey, 2014</i>
Proportion of middle school students who engage in fights	10.6%	8.5%	<i>Cambridge Middle Grades Health Survey, 2013</i>
Number of repeat domestic violence calls	TBD	<baseline	<i>Cambridge Police Department</i>
Incidence of intimate partner violence	TBD	<baseline	<i>Cambridge Police Department</i>
Incidence of non-intimate partner domestic violence	TBD	<baseline	<i>Cambridge Police Department</i>
Proportion of middle school students who worried about violence in their neighborhood in the past 12 months	4.0%	3%	<i>Cambridge Middle Grades Health Survey, 2013</i>
Proportion of high school students who worried about violence in their neighborhood in the past 12 months	7.3%	5.5%	<i>Cambridge Teen Health Survey, 2014</i>

Strategies

- 2.2.1 Disseminate resources about existing non-violent conflict resolution strategies (translated into appropriate languages).
- 2.2.2 Develop an inclusive vision of violence prevention that encompasses diverse communities and stakeholders.
- 2.2.3 Create a Cambridge Violence Index to measure and disseminate information about all forms of violence.
- 2.2.4 Disseminate messages throughout the city government to reinforce that Cambridge prioritizes the resolution of conflict without violence.
- 2.2.5 Partner with public and private schools and community service providers to strengthen curriculum content and school climate to foster violence prevention through the development of emotional intelligence (i.e. empathy, self-control, cooperation), social skill-building, and increased use of restorative practices and mediation.
- 2.2.6 Educate parents about non-violent conflict resolution strategies.
- 2.2.7 Educate residents and visitors about alternatives to violence.
- 2.2.8 Conduct an assessment of fighting by age group to better understand the problem.
- 2.2.9 Apply a holistic approach to violence prevention, including awareness of the roots of violence in systems and behaviors, developing skills in resolving conflict in nonviolent ways, and the promotion of equity.
- 2.2.10 Develop youth development and youth peer-to-peer mentoring programs

to reduce the incidence and effects of school bullying.


- 2.2.11 Expand the existing Cambridge Public Schools (CPS) Peer Mediation program by growing it beyond Cambridge Rindge and Latin School (CRLS) and by adding an explicit commitment to and education in restorative practices, to reduce incidence and effects of violence (including school bullying), both within and beyond the school day.
- 2.2.12 Create a system for accurately identifying and assessing needs associated with repeat domestic violence calls.
-  2.2.13 Conduct outreach and provide tailored intervention services to high risk families and individuals in need to support those with patterns of domestic violence.
- 2.2.14 Conduct a public campaign to raise awareness about rape (date, marital, and all forms of rape).
- 2.2.15 Develop and implement youth programs in schools to prevent dating violence by shaping youths' attitudes about gender norms, relationship coercion, and violence.
-  2.2.16 Integrate a racial equity lens to assess and reduce systemic barriers to domestic violence services.
-   2.2.17 Review and improve data collection to reflect equity and document racial, economic, religious and ethnic violence.
- 2.3.18 Incorporate restorative practices into schools and other youth programs.
- 2.2.19 Increase number of community groups that develop self-directed and/or culturally appropriate goals to address violence.
-  2.2.20 Continue implementing the Cambridge Teen Health Survey and Middle Grades Health Survey in order to track patterns of youth violence.
- 2.2.21 Partner with public and private schools and community service providers to strengthen cross-curriculum content areas that foster violence prevention through the development of emotional intelligence (i.e. empathy, self-control, cooperation) and positive social skill-building.







Objective 2.3: Increase Cambridge residents' awareness, understanding and access to tools of violence prevention and nonviolence, including mediation and restorative practices.



Outcome Indicator	Baseline	2020 Target	Data Source
Cambridge residents who are aware of and can access tools of nonviolence, violence prevention, and mediation to resolve conflict	TBD	>baseline	TBD
Number of calls to restorative practices/mediation (non-domestic violence) services	TBD	>baseline	TBD

Strategies

-  2.3.1 Develop an inclusive vision of a citywide violence prevention initiative that includes voices from all Cambridge communities.



-  2.3.2 Create a Cambridge Violence Index to measure and disseminate information about all forms of violence, such as racial, economic, religious, gender and ethnic violence.
- 2.3.3 Disseminate information/resources in a variety of appropriate languages about non-violent conflict resolution strategies.
- 2.3.6 Provide outreach to promote local mediation services as an alternative to violence in public schools and community settings.
-  2.3.7 Orient providers, civil servants, teachers, and other audiences to mediation.
-    2.3.8 Review and improve data collection to reflect equity and document racial, economic, religious, gender and ethnic violence.
- 2.3.9 Train new mediators as a way to increase capacity for mediation services.
-  2.3.10 Convene stakeholders to integrate violence prevention, intervention and treatment services at all levels.

Objective 2.4: Increase childhood screening rates for violence exposure by 2020.

 **DEV**

Outcome Indicator	Baseline	2020 Target	Data Source
Number of children exposed to home violence	TBD	<baseline	<i>Electronic Privacy Information Center (EPIC)</i>
Use of childhood trauma/violence screening tool by Cambridge providers (e.g. schools, primary care, social service agencies)	TBD	>baseline	<i>TBD</i>
Use of a trauma-informed approach to care by educators and providers	TBD	>baseline	<i>TBD</i>

Strategies

- 2.4.1 Educate parents about the effects of exposure to violence in the home.
-  2.4.2 Educate parents, pediatricians, human service providers, educators about the impact of screen/media violence.
- 2.4.3 Promote an evidence-based trauma screening tool for children.
-  2.4.4 Conduct trauma screening for all referrals on an out-patient basis for children.
- 2.4.5 Develop a support system for children and adolescents who witness an arrest (including the arrest of a parent).
- 2.4.6 Determine current violence/trauma assessment practices within Cambridge for youth.
- 2.4.7 Promote the use of a trauma-informed approach for youth in Cambridge.

C. Priority Area 3: Healthy, Safe and Affordable Housing

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 the lack of affordable housing, cited by 47.4% of respondents, followed by homelessness (44.2%). Census data reveal that 4 in 10 tenants who reside in Cambridge 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. The City of Cambridge's 2014 Homelessness Census counted 551 homeless individuals.


Goal 3: Ensure a socioeconomically diverse community through the preservation and expansion of high quality, healthy, and safe housing that is affordable across income levels.

Objective 3.1: Increase the availability of housing and support services for the homeless to meet specified targets by 2020.



Outcome Indicator	Baseline	2020 Target	Data Source
Number of permanent supportive housing (PSH) beds for the chronically homeless	141	161	City of Cambridge
Number of individuals participating in Housing First orientation	TBD	>baseline	City of Cambridge
Number of individuals participating in Rapid Re-Housing	TBD	>baseline	City of Cambridge

Strategies

- 3.1.1 Advocate for an increase in permanent supportive housing (PSH) beds for the chronically homeless.
-  3.1.2 Evaluate the facility needs of the homeless (wet/dry/family facilities).
- 3.1.3 Expand the availability of and participation in Housing First and Rapid Re-Housing.
- 3.1.4 Develop a database of existing affordable units.
- 3.1.5 Build off of current efforts to create an integrated, multi-disciplinary team to provide ongoing support services for tenants and for those in crisis.
- 3.1.6 Assess the effectiveness and adequacy of supportive services by program, including tracking emergency calls to the police department and conducting stakeholder surveys.

Objective 3.2: Increase the proportion of affordable housing in Cambridge by 5% by 2020.



Outcome Indicator	Baseline	2020 Target	Data Source
Proportion of all Cambridge housing units that are affordable housing*	14.76%	20%	Cambridge Community Development Department

*Affordable Housing: All rental and homeownership units subject to long-term rent or sale price restrictions and income eligibility restrictions; includes units affordable to low, moderate, and middle-income households; includes market units in predominantly affordable developments.

Strategies

- 3.2.1 Advocate to maintain the Community Preservation Act allocation of 80% for healthy, safe and affordable housing.
- 3.2.2 Advocate to preserve the affordability of all currently deed-restricted housing.
- 3.2.3 Support development proposals which will provide affordable units in excess of inclusionary zoning (IZ) requirements (e.g. CPA-funded developments).


Objective 3.3: Reduce by 5% the number of evictions by 2020.



DEV

Outcome Indicator	Baseline	2020 Target	Data Source
Number of evictions	TBD	<baseline	Massachusetts Trial Court

Strategies






- 3.3.1 Provide outreach and education on tenants' rights.
- 3.3.2 Provide legal supports and navigation services for tenants.
- 3.3.3 Conduct mediation services for landlord and tenant disputes.
- 3.3.4 Advocate for expansion of Housing Court to Cambridge and the remaining Commonwealth communities not currently covered.
 - Train housing court (or in-service) magistrates
 - Train social service advocates at the court house
- 3.3.5 Provide assistance in budgeting and negotiating repayment plans to prevent evictions for non-payment.
- 3.3.6 Provide assistance in identifying when substance abuse and mental/behavioral health issues are a contributing factor to eviction proceedings and work with tenants to consider treatment options through stronger ties between CPHD and Multi Service Center (MSC).
-  3.3.7 Integrate a racial equity lens to assess and reduce systemic barriers to healthy, safe and affordable housing.

Objective 3.4: Reduce by 5% repeat housing code violations by 2020.

DEV

Outcome Indicator	Baseline	2020 Target	Data Source
Repeat housing code violations	TBD	<baseline	Cambridge Inspectional Services Department

Strategies












-  3.4.1 Monitor repeat housing code violations by type and neighborhood.
-  3.4.2 Educate tenants about housing code standards.
-  3.4.3 Promote and support smoke-free housing leases and covenants.
-  3.4.4 Increase outreach to immigrant communities and non-English speaking tenants.
-  3.4.5 Enhance inspectional services' data capability to more easily identify repeat housing code violations.

Objective 3.5: Reduce instances of critical housing code violations and non-compliance with hazardous materials laws by 2020.

 DEV

Outcome Indicator	Baseline	2020 Target	Data Source
Instances of critical housing code violations	TBD	<baseline	Cambridge Inspectional Services Department
Instances of non-compliance with hazardous materials laws	TBD	<baseline	Cambridge Inspectional Services Department
Number of housing units converted to meet codes and laws	TBD	>baseline	Cambridge Inspectional Services Department

Strategies

-  3.5.1 Conduct public education campaign to promote de-leading resources.
-  3.5.2 Promote enforcement by existing code enforcement agencies of most critical code violations.
-  3.5.3 Provide outreach and education to promote healthy indoor air quality, accessibility, and use of safe materials.
-  3.5.4 Enforce hazardous materials management (lead and asbestos).
-  3.5.5 Advocate for a statewide credentialing system for mold contractors.
-  3.5.6 Monitor critical housing code violations by type and neighborhood.
-  3.5.7 Educate tenants about housing code standards.
-  3.5.8 Promote and support smoke-free housing leases and covenants.
-  3.5.9 Increase outreach to immigrant communities and non-English speaking tenants.
-  3.5.10 Work with the Inspectional Services Department to identify which housing code violations are 'critical' and query from database to generate a baseline data measure.
-  3.5.11 Enhance database to capture issues of non-compliance with hazardous

materials laws to generate a baseline data measure.

Objective 3.6: Increase by 5% per year the number of accessible/universal design units completed by 2020.

PH2

Outcome Indicator	Baseline	2020 Target	Data Source
Number of accessible/universal design units in the Cambridge Housing Authority portfolio	115	154	<i>Cambridge Housing Authority</i>

Strategies

- 3.6.1 Provide outreach to developers involved in substantial rehabilitation or building of new housing developments.
- 3.6.2 Conduct a design competition.
- # 3.6.3 Enhance the ability to count universal design/accessible units in Cambridge.

D. Priority Area 4: Healthy Eating and Active Living

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 rates for overweight and obesity are trending downward among Cambridge public school children, there continue to be disproportionately higher rates of obesity among minority and lower income youth.

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.

Cambridge was also noted by many focus group members for its variety of healthy eating options like supermarkets where healthy food is available and farmer’s markets. 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, “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.
















Goal 4: Make it easy for people to improve health and well-being through healthy eating and active living.

Objective 4.1: Increase the availability of and access to affordable food and beverages* for all residents by meeting specified targets by 2020.





Outcome Indicator	Baseline	2020 Target	Data Source
Number of Cambridge markets participating in Healthy Markets program	4	6	Cambridge Public Health Department, Cambridge in Motion
Value of farm fresh foods purchased at Cambridge Farmers’ markets using the Supplemental Nutrition Assistance Program (SNAP) and SNAP match dollars	2013 SNAP: \$7250; 2013 SNAP Match: \$5417	\$15,000	Cambridge Public Health Department, Cambridge in Motion

*See Glossary of Terms in Appendix B for the definition of “affordable food and beverages”

- Strategies**
- 

 4.1.1 Strengthen, grow and coordinate existing strategies prioritized by the Food and Fitness Policy Council and the Healthy Children Task Force, such as:
 - School meals and farm-to-school programs
 - School physical activity and physical education
 - Youth body mass index (BMI), fitness monitoring, and sharing results with families
 - Urban agriculture
 - 

 4.1.2 Using city leadership and modeling, disseminate and promote best practices/evidence based policies and guidelines for serving healthy foods and beverages in out-of-school time programs.
 - 
 4.1.3 Continue to monitor the Supplemental Nutrition Assistance Program (SNAP) and SNAP match usage at Cambridge Farmers Markets.
 - 

 4.1.4 Increase availability of SNAP doubling at local farmers markets through collaborative fundraising and working to secure federal resources.
 - 

 4.1.5 Increase awareness and participation of local convenience stores in the Healthy Markets program, focused on low-income areas.
 - 


 4.1.6 Increase and promote healthy choices in vending machines, using evidence based approaches, policies and signage (private venues).
 - 


 4.1.7 Increase farming and gardening by promoting community gardening and by documenting and disseminating allowable agricultural producing and selling practices.

Objective 4.2: Increase the visibility of and access to tap water for all Cambridge residents and employees by meeting specified targets by 2020.

Outcome Indicator	Baseline	2020 Target	Data Source
Number of signs in public and private buildings in Cambridge	146	250	Cambridge Public Health Department, Cambridge in Motion
Number of water fountains with bottle/cup fillers in city buildings	2	6	Cambridge Public Health Department, Cambridge in Motion










- Strategies**
- 
 4.2.1 Continue to monitor tap water signage on water fountains throughout Cambridge.
 - 4.2.2 Increase signage on water fountains in city buildings and on city property.
 - 
 4.2.3 Increase the number of water fountains (with bottle/cup fillers) in city buildings.
 - 4.2.4 Develop and implement educational programs on the misperceptions about tap water and the benefits of drinking water vs. sugar-sweetened beverages (SSB) and other calorie rich beverages.

Objective 4.3: Increase Cambridge residents' and employees' usage of active and sustainable transportation modes.



Outcome Indicator	Baseline	2020 Target	Data Source
Single occupancy vehicle (SOV) rate of resident commuting	31%	<baseline	2006–2010 American Community Survey Journey to Work Data
Single occupancy vehicle (SOV) rate of Cambridge employee commuting, regardless of origin	45%	<baseline	2006–2010 American Community Survey Journey to Work Data
Number of children walking or biking to school	TBD	>baseline	TBD
Number of seniors biking or walking	TBD	>baseline	TBD
Percent of streets with high comfort levels for bicycling	TBD	>baseline	TBD

Strategies

-  4.3.1 Increase awareness about how to get into, out of, and around Cambridge without a car, using maps, brochures, apps, wayfinding, and outreach.
-  4.3.2 Advocate for clear and accessible posting of MBTA signs/schedules and maps.
-  4.3.3 Advocate for improved transit infrastructure and funding, including increased system capacity (commuter rail, Green Line extension, increased Red Line frequency, new bus routes, increased shuttle services from hubs to businesses), and system improvements (increased number of clean air buses, priority bus lanes and signaling, and transit facilities such as bus shelters and wayfinding signage).
-  4.3.4 Advocate for an increase in cycle tracks, Hubway stations/bicycles, and bicycle storage racks with improved theft prevention.
-  4.3.5 Continue to expand the number of bicycle facilities, especially cycle tracks and shared-use paths which separate people who bike from moving traffic, Hubway stations, bicycle wayfinding signage, and access to short and long term bicycle parking on sidewalks / public buildings and on private property. Implement the Bicycle Network Plan.
-  4.3.6 Work toward consensus on a citywide parking policy that would reduce vehicle miles traveled and reduce car ownership.
-  4.3.7 Increase access to car sharing options through changes in zoning.
-  4.3.8 Understand barriers and improve access to fixed-route transit for seniors.
- 4.3.9 Encourage walking as a mode of transportation; e.g., through the Safe Routes to School program.
-  4.3.10 Develop a means to collect, analyze and disseminate sustainable transportation usage data.




Objective 4.4: Reduce the percentage of reported injuries among people who bike and walk by 2020.

DEV

Outcome Indicator	Baseline	2020 Target	Data Source
Bicycle crash rate*	13.8	>10%	<i>City of Cambridge, Traffic and Parking, 2012</i>
Number of crash reports involving people who walk	71	64	<i>Cambridge Police Department</i>

*Bicycle crashes per million Bicycle Miles Travelled (BMT)

Strategies

- 4.4.1 Educate the public through targeted outreach and an education campaign to increase awareness of the need for safe co-existence of all modes of transportation.
- 4.4.2 Educate new drivers and bicyclists about bicycle safety.
-  4.4.3 Educate immigrant parents about safe walking/biking routes to school.
- 4.4.4 Utilize community police officers to support the enforcement of traffic violations.
-  4.4.5 Improve the collection, analysis, and communication of bicycle and pedestrian crash data.
-  4.4.6 Continue to implement traffic calming measures on neighborhood streets, improve the safety of street crossings for seniors and children, and develop a Safe Routes to School program.

Objective 4.5: Increase the relative percentage of adults, adolescents, and children who engage in daily moderate to vigorous physical activity as per CDC recommendations by 3%.

Outcome Indicator	Baseline	2020 Target	Data Source
Adults who engage in vigorous activity for 20+ minutes/3+ days per week	36.1%	37.2%	<i>Cambridge 2008 Five Cities in Massachusetts Behavioral Risk Factor Surveillance System</i>
Adolescents (High School) who are active 60 minutes/7 days per week	17.9%	18.4%	<i>Cambridge Teen Health Survey, 2014</i>
Children (Middle School) who are active 60 minutes/7days per week	14.1%	14.5%	<i>Cambridge Middle Grades Health Survey, 2013</i>

Strategies:

- 4.5.1 Advocate for changes in the built environment to increase physical activity around schools and businesses through building design modifications and the development/enforcement of codes.
- 4.5.2 Educate the business community on the importance of worksite wellness and the risk of prolonged periods of sitting.
- 4.5.3 Educate and disseminate workplace wellness best practices to promote

- physical activity in the private and public sectors during the work day.
- 4.5.4 Continue implementing the Cambridge Teen Health Survey and Middle Grades Health Survey in order to track patterns of youth physical activity.
 - 4.5.5 Develop, implement, and analyze a data source for the identified adult indicators in order to track progress towards 2020 Target.

NEXT STEPS—IMPLEMENTATION PHASE

The components included in this report represent the strategic framework for a data-driven community health improvement plan (CHIP). The Cambridge Community Health Improvement group, including the core agencies, CHIP workgroups, partners, stakeholders, and community residents, will continue finalizing the CHIP by prioritizing strategies, developing specific Year-1 action steps, assigning lead responsible parties, and identifying resources for each priority area. Two interactive meetings that will engage a representative group of stakeholders to identify strategies for Year-1 implementation and develop action plans to carry out these strategies will occur in May and June 2015. These action plans will provide a model for the Cambridge Community Health Improvement group to strategize, collaborate, and share information. The Cambridge Public Health Department (CPHD) will provide the city's leadership with a status update in the fall of 2015 and will include CHIP information in its annual reports to the city. CPHD will also produce a CHIP progress report after the first year of implementation that will illustrate performance and guide subsequent annual implementation planning.

SUSTAINABILITY PLAN

As part of the action planning process, partners and resources will be solidified to ensure successful CHIP implementation and coordination of activities and resources among key partners in Cambridge. The Community Health Advisory Group along with the CPHD Leadership team will serve as the oversight for the improvement plan, progress, and process. The CPHD Leadership team will meet regularly and will be staffed by the department's Accreditation Coordinator. Additional workgroup meetings and participants will be identified once the first-year action plan is developed. Community dialogue sessions and forums will occur in order to engage residents in the implementation where appropriate, share progress, solicit feedback, and strengthen the CHIP. Regular communication/reports will be made available via the health department's website and other social media to community members and stakeholders throughout the implementation phase. New and creative ways to feasibly engage all parties will be explored at the aforementioned engagement opportunities.

ACKNOWLEDGEMENTS

The dedication, expertise, and leadership of the following agencies and people made the *2015 Cambridge Public Health Department Community Health Improvement Plan* a collaborative, engaging, and substantive plan that will guide our community in improving the health and wellness for the residents of Cambridge. Special thanks to all of you.

The City of Cambridge appreciates the National Association of County and City Health Officials (NACCHO) and the Robert Wood Johnson Foundation (RWJF) for their selection of CPHD as a Demonstration Site for Community Health Improvement Planning and Accreditation Preparation. Thank you NACCHO and RWJF for your guidance and training.

To the Accreditation Steering Committee members: Your perseverance, guidance, and management continuously exceed expectations. Thank you for taking the lead and motivating others to do the same.

CHIP community member and agency workgroup members: Your insight, dedication, and expertise are unparalleled. We look forward to our continued partnership.

We are deeply appreciative of the dedication, expertise, and leadership of the people and agencies that contributed to the *2015 City of Cambridge Community Health Improvement Plan*. Our efforts to build a lasting Culture of Health in Cambridge would not be possible without your ongoing enthusiasm and support.

Special thanks to:

Accreditation Steering Committee

Cambridge City Council

Cambridge City Manager's Office

Cambridge College

Cambridge Public Health Department Staff

Cambridge Public Health Subcommittee of the Cambridge Health Alliance Board of Trustees

CHIP Community Members and Agency Workgroup Members

Community Engagement Team

Harvard University

Massachusetts Institute of Technology

National Association of County and City Health Officials

Robert Wood Johnson Foundation

Appendices

APPENDIX A: PARTICIPANTS

Cambridge 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
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Health Resources in Action, Inc.

Community Partners/Hosts

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APPENDIX B: GLOSSARY OF TERMS

Active Transportation: Any method of travel that is human-powered, but most commonly refers to walking, bicycling and using public transit—OR—non-motorized transportation modes, such as bicycling and walking, which are well integrated with public transportation.

Active Transportation Commute Mode Share: Proportion of total commute (school or work) trips that are taken via active transportation.

Affordable Food and Beverages: Affordability of food refers to the price of a particular food and the relative price of alternative or substitute foods. Affordability of food is also impacted by the budget constraints faced by consumers, who must consider not only the prices of different foods to meet their food needs, but also the prices of other necessities (e.g., housing, clothing, and transportation). USDA provides guidance on national standards for nutritious diets at various costs levels—the Thrifty, Low-cost, Moderate-cost and Liberal Food Plans (Carlson et al., 2007a; Carlson et al., 2007b). Within each plan is a market basket of foods in quantities that reflect current dietary recommendations, food composition data, food prices, and actual consumption patterns.

According to the Low-cost Food Plan, a family of four with two adults (age 19 to 50) and two children (ages 6 to 8 and 9 to 11) could consume a nutritious diet for \$175.60 per week (USDA, 2009): http://www.ers.usda.gov/media/242675/ap036_1_.pdf.

Behaviorally Integrated Medical Home: Service delivery system that coordinates behavioral care with medical care.

Built Environment: Man-made surroundings that include buildings, public resources, land use patterns, the transportation system, and design features.

Community Health Improvement Plan (CHIP): Action-oriented strategic plan that outlines the priority health issues for a defined community, and how these issues will be addressed.

Complete Streets: Streets that are designed and operated to enable safe access for all users, including people who walk, bike, drive, and ride transit of all ages and abilities.

Comprehensive Care Strategies: The practice of comprehensive care is the concurrent prevention and management of multiple physical and emotional health problems of a patient over a period of time in relationship to family, life events and environment.

Cultural Competence: Set of congruent behaviors, attitudes, and policies that come together in a system or agency or among professionals that enables effective interactions in a cross-cultural framework.

Distribution Point: Physical location where affordable quality nutritious food can be accessed, including, but not limited to, grocery stores, farmers markets, and farm-to-site programs.

Evidence-Based Method: Strategy for explicitly linking public health or clinical practice recommendations to scientific evidence of the effectiveness and/or other characteristics of such practices.

Goals: Identify in broad terms how the efforts will change things to solve identified problems.

Health Disparity: Type of difference in health that is closely linked with social or economic disadvantage. Health disparities negatively affect groups of people who systematically have

experienced greater social or economic obstacles to health. These obstacles stem from characteristics historically linked to discrimination or exclusion such as race or ethnicity, religion, socioeconomic status, gender, mental health, sexual orientation, or geographic location. Other characteristics include cognitive, sensory, or physical disability.

Health Equity/Social Justice: When all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social or economic positions or other circumstances.

Health Literacy: Degree to which individuals can obtain, process, and understand the basic health information and services they need to make health decisions.

Linguistic Competence: Providing easy access to oral and written language services to limited English proficiency (LEP) patients through such means as bilingual/bicultural staff, trained medical interpreters, and qualified translators.

Multiple Specified Targets: Objectives that are applicable to more than one target population or indicator.

Objectives: Measurable statements of change that build toward achieving the goals and specify an expected result and timeline.

Patient-Centered Care: Patient-centered care is oriented towards the whole person and is relationship-based. Building a partnership with each patient and his/her family is foundational to the person learning to manage and organize his/her own care at the level he/she chooses. Such a partnership necessitates understanding and respect for each patient's needs (including health literacy, culture, language, values, and preferences).

Percentages: All percentages are relative; absolute change is represented as a percentage of the baseline value.

Performance Measures: Changes that occur at the community level as a result of completion of the strategies and actions taken.

Priority Areas: Broad issues that pose problems for the community.

Social Determinants of Health: The complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors. Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world.

Strategies: Action-oriented phrases to describe how the objectives will be approached.

APPENDIX C: ACRONYMS

Acquired Immune Deficiency Syndrome (AIDS)
Behavioral Risk Factor Surveillance System (BRFSS)
Body Mass Index (BMI)
Boston Area Rape Crisis Center (BARCC)
Cambridge Health Alliance (CHA)
Cambridge Licensee Advisory Board (CLAB)
Cambridge Prevention Coalition (CPC)
Cambridge Public Health Department (CPHD)
Cambridge Public Schools (CPS)
Cambridge Rindge and Latin School (CRLS)
Cambridge-Arlington-Belmont High-Risk Assessment and Response Team (CABHART)
Cardiopulmonary Resuscitation (CPR)
Centers for Disease Control and Prevention (CDC)
Community Health Assessment (CHA)
Community Health Improvement Plan (CHIP)
Community Services Unit (CSU)
Department of Health and Human Services (DHHS)
Department of Human Service Programs (DHSP)
Electronic Privacy Information Center (EPIC)
Inclusionary Zoning (IZ)
Information Technology (IT)
Lesbian, Gay, Bisexual, Transgender (LGBT)
Limited-English Proficiency (LEP)
Massachusetts Bay Transportation Authority (MBTA)
Massachusetts Department of Public Health (MDPH)
Massachusetts Department of Transportation (MassDOT)
Massachusetts Institute of Technology (MIT)
Massachusetts Opioid Abuse Prevention Collaborative (MOAPC)
Mobilizing for Action through Planning and Partnerships (MAPP)
Multi-Service Center (MSC)
National Alliance on Mental Illness (NAMI)
National Association of County and City Health Officials (NACCHO)
National Institute of Mental Health (NIMH)
Professional Ambulance Emergency Medical Services (PRO EMS)
Racial Equity Impact Assessments (REIA's)
Robert Wood Johnson Foundation (RWJF)
Sugar-Sweetened beverages (SSB)
Supplemental Nutrition Assistance Program (SNAP)
Youth Health Survey (YHS)
Youth Risk Behavior Survey (YRBS)

APPENDIX D: PARTNERS AND RESOURCES⁵

- 1 Priority Area 1: Mental/Behavioral Health and Substance Abuse
- 2 Priority Area 2: Violence
- 3 Priority Area 3: Affordable, Healthy, and Safe Housing
- 4 Priority Area 4: Healthy Eating and Active Living

Priority Areas	Partners and Resources
1 2	0-8 Council
2	Agenda for Children
1	AIDS Action Committee
1	Behavioral Health and Substance Abuse Treatment Programs
2	Boston Area Rape Crisis Center
1 2 3 4	Boston Racial Justice and Equity Initiative
2 4	Business Associations (e.g., Harvard Square Business Association, Kendall Square Association)
3	Cambridge Affordable Housing Trust
1 2 3 4	Cambridge at Home
4	Cambridge Bicycle Committee
2 4	Cambridge Camping Association
1 2 3 4	Cambridge Chamber of Commerce (e.g., Educational Institutions, Nonprofit Organizations, Technology-Based Enterprises)
1 2 3 4	Cambridge City Manager's Office
1 2	Cambridge College
1 2 3 4	Cambridge Community Center
1 2 4	Cambridge Health Alliance
2	Cambridge Health Alliance Victims of Violence Program
1 2 3	Cambridge Housing Authority
4	Cambridge Pedestrian Committee
1 2 3 4	Cambridge Public Health Department
1	Cambridge Public Library
2 3 4	Cambridge Public Schools
1 4	Cambridge Public Schools Out of School Time Agencies/Programs
3	Cambridge Redevelopment Authority
1 4	Cambridge Rindge and Latin School
4	Cambridge Transit Advisory Committee

⁵ This list was generated by CHIP workgroups at the planning sessions; this is not an exhaustive list of all partners and resources. We invite you to consider how you can contribute to this effort, in whole or in part.

Priority Areas	Partners and Resources
1 2 3 4	Center for Families
	4 Charles River Transportation Management Association
1 2	Clergy
	3 4 Community Development Department
	2 Community Dispute Settlement Center
1 2 3 4	Community Outreach Workers (e.g., Community Engagement Team)
	3 Community Preservation Act Committee
1 2 3 4	Community-Based Organizations Serving Recent Immigrants (e.g., Massachusetts Alliance of Portuguese Speakers, Cambridge Economic Opportunity Committee, Inc.)
	4 Council on Aging
	2 Daycare Centers
1 2 3 4	Department of Human Service Programs
	3 Design Schools
1 2 3 4	East End House
	2 Emerge: Counseling and Education to Stop Domestic Violence
1	3 Fire Department
	4 Food and Fitness Policy Council
1	4 Food Pantries
	4 Harvard Graduate School of Design
1 2	4 Harvard University
1 2	4 Healthy Children Task Force
	2 High-Risk Assessment and Response Team
	3 Hoarding Task Force
1	Homeless Shelters
	2 Hubway
	3 Information Technology Department
	3 Inspectional Services Department
	4 Institute for Human Centered Design
1 2 3 4	Institute for Community Health
1 2 3 4	Jamaica Plain Youth Health Equity Collaborative
1 2	4 Kids Council
	3 Law schools (e.g., Northeastern University, Suffolk University, Harvard University, New England School of Law)
1	Learn to Cope
1 2	License Commission
	4 LivableStreets Alliance
1 2 3 4	Margaret Fuller Neighborhood House
1	4 Massachusetts Bay Transportation Authority

Priority Areas	Partners and Resources
1 2	Massachusetts Department of Corrections
1 2 3 4	Massachusetts Department of Public Health Office of Health Equity
	4 Massachusetts Department of Transportation
1	Massachusetts Institute of Technology
	4 Massachusetts Institute of Technology Department of Urban Studies and Planning
1	Massachusetts Opioid Abuse Prevention Collaborative
	4 MassBike
	3 Medical Legal Partnership
1 2 3 4	Men of Color Task Force
1	Middlesex Courts/Probation
1 2 4	Mount Auburn Hospital
	3 Multi-Service Center for the Homeless
1	National Alliance on Mental Illness
1 2 3 4	National Association of County and City Health Officials Health Equity Workgroup
	2 4 Neighborhood Associations
	3 Nonprofit Affordable Housing Developers
	2 Nonprofit Mediation Resources
1 2 3 4	Phillips Brooks House Association
1 2 3 4	Police Department
1	Professional Ambulance Service
	4 Public Works Department
1 2 3 4	Racial Equity Impact Assessments
1	Riverside Community Care
1 2	Safety Net Collaborative
	2 School and Community League Sports Teams (for all ages, including recreation leagues)
1 2 3 4	Senior Center
1 2 3 4	Small Business Bureau
	3 Somerville/Cambridge Elder Services
	4 T4Massachusetts
	4 Traffic, Parking, & Transportation Department
	2 Transition House
1 2 3 4	U.S. Department of Health and Human Services Region Office of Minority Health
1 2 3 4	Visions, Inc.
	4 WalkBoston