The Prevention Parable

A man, walking along a riverbank, suddenly sees a person flailing his arms and hears him pleading for help as he bobs in the water while being pushed downstream. The man on the bank dives into the water, swims to the victim and rescues him by pulling him ashore. When the man turns toward the river, once again he hears someone screaming for help. Then another, and yet another. One after the other, the man pulls victims from the river.

Exhausted, and pulling yet another victim to shore, he notices a woman walking by. “Help me!” he pleads. “All these people are drowning and I have to do something to save them. More people are falling in and need help. Look!” he says, pointing to the river where more victims are in the water and needing help. Immediately, the woman starts to run upstream along the bank. “Where are you going?” he screams at the woman. “I need help now!” The woman calls back, “I am helping right now. I’m going upstream to find out why they’re falling into the river and to prevent that!”
# Well Being of Somerville 2011

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Dear Somerville Residents

The City of Somerville in partnership with the Cambridge Health Alliance and the Institute for Community Health are pleased to offer you the 2011 Well Being of Somerville health data report. We hope that this report informs community members about the health status of Somerville as well as providing some baseline data to inform planning and improvement of current and future actions to positively impact the health of the residents of Somerville.

In the Well Being of Somerville report you will find information on some key health and well being indicators such as healthy weight/obesity status, substance abuse and tobacco use, chronic disease, mental health, reproductive and sexual health, violence, chronic disease, and access to health care. You will also find information on topics that impact the health of a community like housing, education, income and employment, the built and natural environment, and social factors.

Each section of this report provides an overview of the assets and strengths within Somerville, the current data, and accompanying recommendations informed by a range of community processes for expanding and building on those assets and strengths to further improve the health of our community.

We hope you find the information in this report accessible and thought provoking, engaging your continued interest in being part of making Somerville the best community in which to live, work, and play. We welcome the opportunity to work together in the immediate future, building from this data to collaboratively create action plans to address indicated areas of need through our rich community resources and partnerships.

Joseph A Curtatone,
Mayor
City of Somerville

Dennis D. Keefe,
Chief Executive Officer
Cambridge Health Alliance
Introduction

What is the Well Being of Somerville Report?

The Well Being of Somerville Report is an effort to provide the reader with a summary of the health of our City. It is the tangible result of gathering and analyzing data related to public health in the city from a variety of sources. The very process of gathering in small groups across the city to look at topical data together has already proved fruitful for gaining shared understanding of local concerns, as well as existing strengths. The outcome of this process, the Well Being Report is intended to serve as a tool for local leaders, community agency members/directors and other stakeholders to continue to learn together about the public health issues of the community. It also attempts to highlight some of the strengths and assets in our community, both to acknowledge earlier successes and to address identified areas of concern for the future. The purpose is not just to inform, but to inspire action with key recommendations listed to help guide future collaborations.

Why create the Well Being of Somerville Report 2011?

The past century has seen monumental improvements in the overall health and life expectancy of individuals in the U.S. and around the world. However, at the beginning of the 21st century, there are still substantial gaps in health and well being for many vulnerable groups. These gaps have the potential to widen in the face of uncertain economic and political times and result in continued social inequities.

Somerville is a unique city – with a lively and diverse population that is ever-changing. Yet, here in Somerville, despite concentrated efforts, the data indicates there are local health disparities based on race/ethnicity and socio-economic status. This report examines public health topics included in the national Healthy People 2020 goals, as well as related determinants of health topics. It helps identify policy or programming opportunities to help address gaps, with an increased focus on decreasing social inequities. Furthermore, by offering recommendations, it will be possible to review them over time as a measure of the impact of the report.

The partners who created the Well Being of Somerville 2011 are together committed to promoting a healthy community – a place where every resident feels welcome and cared for. This requires a constant dialogue between people from all parts of the city. One prime goal of this effort is to facilitate continued on-going dialogue between agencies and residents, stimulating collaborative work towards making Somerville a healthier city.
Why is there a whole section on Determinants of Health?

This Report is informed by the recognition that health care alone cannot prevent negative health outcomes. Somerville is a leader in terms of recognizing and addressing the built environments’ impact on health. Following that trend, this report looks more deeply into a number of determinants of health, factors beyond the traditional health care system. Data points such as rates of diabetes or cancer rates are signs and symptoms of local health, but not the underlying causes. Looking at determinants of health helps us to better understand how diverse agencies can play a role in promoting improved public health. The report serves as a tool to assist in the watch for trends so that appropriate collective action can be taken.

The contexts of people's lives greatly influence their health. This includes issues like access to and control over factors related to meeting daily needs such as livable wage jobs, affordable housing, healthy food sources, and social supports and social norms. Other factors are physical elements such as access to natural spaces, playgrounds, or public transportation, physical barriers especially for people with disabilities, or distance from major highways in close proximity to homes. The need for policies and programs that address these societal level factors will require continued collective action by community leaders.

Striving to work more “upstream” will lead to greater impact and to better addressing the factors leading to disparities. Activities that reduce impediments to health can range from having secure jobs and affordable housing, to increasing access to factors that influence equity such as education, social inclusion and access to wealth or even more deeply, by changing the very social structures that create and distribute voice, power and political influence. So, where a conventionally framed question might be to ask what programs or services are needed to address health equities, an upstream approach would ask what institutional or social changes are required to challenge health inequities. The parable inside the front cover illustrates such shifts in thinking.

Who created the Well Being of Somerville Report?

This report is the result of contributions from across the city of Somerville—it has been shaped through the feedback of community members, agencies and service providers, municipal employees, program staff and public health workers. The Institute of Community Health reviewed and analyzed available data. The selection of data points and the development of recommendations are the result of numerous meetings with community groups, as well as being informed by a number of concurrent community processes that gathered resident ideas such as the City’s SomerVision Comprehensive Planning discussions or the Community Corridor Planning Process. Each chapter was vetted by staff from a related community agency and representative(s)
from the relevant department in the City of Somerville, in addition to the authors. The coordination of the ef-
fort is led by the Somerville Community Health Agenda and the Institute of Community Health at Cambridge
Health Alliance in collaboration with the City of Somerville Public Health Department. The authors and a list of
organizations who participated in the process are listed in the acknowledgements section. Special thanks
to the interns who worked with the Health Agenda and Institute of Community Health over the past year to
support the process and production of this report. We are also grateful to our graphic designer and printer for
bringing our work to life through their talents.

Well Being of Somerville Report User Guide:

This Report is divided into three main chapters. First is the Demographics chapter which describes the
population in Somerville. The second chapter is on Determinants of Health and includes sections on
Education, Housing, Economy & Employment, Built & Natural Environment, and Community. The third
chapter is the Leading Health Indicators, covering health topics from the Healthy People guidelines.
Photos, provided by Somerville community members and agencies, indicate a new section. In addition,
the colored bands at the bottom of the page help serve to denote each topic area within a section.

Each section in the Determinants and Health Indicators chapters follows a similar format: introduction of the
topic, data and data analysis, topical information, strengths and assets, policy context and some recommen-
dations for future collaborative action. There is a list of the sources used, as well as some related information
on the cover map, public health and determinants of health in the appendices. In addition, the report can
be found on the websites of Somerville Community Health Agenda at Cambridge Health Alliance and the
Somerville Health Department.
SOMERVILLE DEMOGRAPHICS
Somerville Demographics

Demographic data includes population information such as gender, age, race/ethnicity and country of origin.

Based upon 2010 Census data, the current population is now 75,754, representing a small decrease (2.23% decline) from the 2000 Census level. After achieving distinction as the densest city in the country in the 1930’s with a population of 103,908, the population has steadily declined to near the level of a century ago when it was 77,236 in 1910. The 2000 Census (total population 77,478) found the density of Somerville to be 18,868.1 persons per square mile and the land area to be 4.21 total square miles, making it the most densely populated city in New England.


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Where Do We Get Demographic Data

Every 10 years, the US Government authorizes the US Census Bureau to conduct the Decennial Population Census. Besides providing the basis for congressional redistricting, Census data are used in many other ways, including: the distribution of funds for government programs such as Medicaid; planning the right locations for schools, roads, and other public facilities; helping real estate agents and potential residents learn about a neighborhood; and identifying trends over time that can help predict future needs.
Increasing Diversity Levels
Somerville schools are becoming increasingly diverse – more diverse than the city itself or Massachusetts public schools as a whole, with the largest growth in Hispanic students. Changes in local, state, US and global economies tend to impact the student population swings seen in the Somerville schools.

Young Adults in Somerville
The majority of Somerville residents are between 20 and 44, with a particularly high percentage (31.4%) between 25 and 34. This concentration of young professionals and persons of child-rearing age is often considering a positive measure of health for a city, provided the city can keep this population over time. In order to meet needs for this and other populations, housing costs must remain competitive with surrounding cities. Early childcare and schools must also be strong and affordable in order to retain new families.

Seniors in Somerville
In Somerville, 47% of those aged 65 and older have some type of disability, compared to the 36% in Massachusetts (2005-2007 US Census ACS). In Somerville, 36% of those aged 65 and older are living alone, compared to the 30% in the state and 5% are living in group quarters compared to 7% in Massachusetts (2007-2009 US Census ACS).
The majority of Somerville’s population was born outside of Massachusetts and/or the US, with a recent decrease in the percentage of foreign born residents. This reflects a shift in Somerville’s long time status as a “gateway” city, as higher prices here push newcomers to neighboring cities such as Everett and Chelsea.

Changes in Nativity

Changes in Country of Origin of Somerville Residents

Of those residents of Somerville who are foreign-born, the largest number are from Latin America (40%), a decrease from 2000, when 45% of foreign-born residents were from this region. The Asian region has shown the greatest increase in our population since 2000 rising from 19.6% in 2000 to 28.5% in 2009 (a 45% increase). A sharp increase in residents born in the Oceanic region is also observed.
Variations in English Proficiency

Though slightly fewer adult residents speak a language other than English in 2009 compared to 2000, the number of public school students whose home language is not English has increased slightly since 2000 and is strikingly higher than the state average. In 2009, almost 17% of students were limited in their English proficiency. There are implications for linguistic/cultural communication with the parents of these children, impacting access to education, health and other community resources.

Countries of Origin of Asian Residents

Of those foreign-born residents who list the Asian region as their country of origin, greatest representation is from South Central Asia (Indian, Nepali, Pakistani) at 51%. This represents a growth of 18% since 2000. In decline are those residents who hail from Eastern Asian (Chinese, Japanese and Korean) and Western Asian regions (Lebanese, Israeli), with decreases of 12% and 3%, respectively. Southeastern Asians (Indonesian, Vietnamese, Thai) have increased by just under 2% since 2000.

Stable Resident Base, with Transitory Segments

The majority of our population has lived here for 5 or more years. However, from a community health perspective, if over one-third of the residents have been here for less than four years, community-wide campaigns may need to take into account this shifting segment of the overall population.

Length of Residence in Somerville (2008)

- Less than 1 year: 10%
- 1 to 4 years: 28%
- 5 or more years: 62%

SOURCE: SOMERVILLE 5-CITY BRFSS 2008
DETERMINANTS OF HEALTH
Determinants of Health

The places where we live, learn, work, and play contribute to our overall health.

People experience different life conditions depending on multiple factors such as income, age, race, or address. Health status is affected in negative and/or positive ways by these conditions and related behavioral choices. A human rights approach to health suggests that any one group should not be subjected to an overburden of environmental or occupational health hazards. There has been increased attention given in recent years to the roles of determinants of health, including those included in this section. Public health efforts are focusing more on these societal level factors and the interrelationship between these conditions to create a healthier population as a whole through addressing inequities affecting identified vulnerable populations.

Also, higher exposures to chronic stress levels have been related to racism, inequality, prolonged insecurity about housing or jobs, poor health, violence or numerous other forces that face people in vulnerable circumstances. The effects of prolonged chronic stress have been shown to negatively impact obesity and chronic disease prevention. The health of generations is linked closely with these social determinants, as the socio-economic advantages or disadvantages experienced by children have been demonstrated to carry across generations, affecting their future children as well.

The World Health Organization Charter for Health Promotion proposed a comprehensive approach to health with this statement from 1986: “The fundamental conditions and resources for health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity.”
The Centers for Disease Control and Prevention promote the Health Impact Pyramid as one model of looking at factors that affect health. Each level of the triangle provides opportunity for making changes, from education on eating healthy and being physically active, to treatment for chronic disease or risk factors, or immunizations and preventative screenings. Moving more broadly, to influence the health of larger segments of the population, policies and regulations that impact health such as smoking bans and fluoridation start to have more impact. The base of the pyramid is the social determinants of health that are addressed in this chapter such as housing, education, poverty, and inequality.
The Well Being of Somerville Report 2011 • Determinants of Health • Education

Education

section one
Education

Education is a key societal factor in supporting child and youth development, skills building for future jobs and/or secondary education, and for supporting adults in job training or career development.

Poverty in early life can negatively impact educational outcomes. Higher educational attainment is linked to higher future income. In a city with such a large non-English speaking population, access to English language classes for adults is critical for educational and career development, as well as supporting the education of children and supporting parental engagement in all families.

Benefits of Early Education

Brain research over the past decade has directed increased attention to early education as it shows that the long-term impact of high quality early education can result in children who are more likely to excel in school, increase life long earnings, and to later become good parents themselves.

Shifts in Education Levels Over 10 years

Somerville residents educational attainment levels in 2009 were higher than in 2000. Of note is the decrease in percentage of residents with less than a high school education from just over 19% in 2000 to under 11% in 2009 and an increase in percentage of residents with a graduate/professional degree to above state levels (an increase of just over 6%) while residents with some college/bachelor’s degrees also increased by about 4%. These shifts can also be examined in comparison to income in the next graph, as well as housing and immigration pattern shifts.
Household Income by Education Level, Population age 25+ (2008)

SOURCE: SOMERVILLE 5-CITY BRFSS 2008

High School Graduation and Adjusted Drop-out Rates (2006-2010)

SOURCE: MA DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION, SCHOOL AND DISTRICT PROFILES

Diversity in Drop Out Rate of Somerville Youth

Since 2006, the four year adjusted rate has risen, except for a decline in 2009. These rates include students across the district, including Somerville High School, and also the Full Circle alternative high school. Students with limited English proficiency made up the largest subgroup of teens and young adults who dropped out of high school in 2009-2010.

Disability and Educational Attainment

Nationally, the percentage of adults with disabilities with less than high school graduation is about double that of adults without disabilities.

Related Income and Special Education Levels

In Somerville, during the 2009-2010 school year, 68% of public school students were from low-income households, as compared to 33% in the state as a whole. This number also reflects a significantly higher percentage of low-income families in the public school system than in the overall city population. And 22% of Somerville public school students received special education, as compared to 17% in the state as a whole.
**Student Future Aspirations**

An increasing percentage of graduates from the Somerville Public Schools (an increase of 10%) plan to go to a 4-year college after graduating high school in 2010 than did in 2004. Those who plan to attend a 2-year college increased 6% since 2004, while work and military service plans decreased, by 7% and by just under 1%, respectively. A 2010 survey of Grade 6-12 students administered by the Quaglia Institute for Student Aspirations found that an overwhelming number reported a high level of motivation, with about 90 percent reporting a belief they can be successful, and 81 percent saying they work hard to reach their goals.

**How do Somerville Schools Compare?**

Somerville boasts an average class size of 18, compared to the State average of 21. The District has a student-computer ratio of 2.3 to 1, compared with the state average of 3.6 to 1. Ninety-eight percent of the teachers in the District rank as highly qualified. Over 12% of Somerville high school students take Advanced Placement exams and 78% of those score high enough to earn college credit.

**Room to Grow Early Childhood Care Capacity**

In 2010, Somerville-based programs had the capacity to provide child care for about one third of the infants and toddlers ages birth to five in the city or 1,313 placement slots for 3,499 children.(2010 U.S. Census).
America’s Promise Alliance, the Nation's largest partnership organization dedicated to youth and children, has twice named Somerville one of the “100 Best Communities for Young People”. This designation recognizes communities that make youth a priority by implementing programs that help keep children in school and prepare them for college and the 21st century workforce.

The Somerville Public Schools offers free, full-day pre-Kindergarten and Kindergarten education to all enrolled children.

The Somerville Public Schools consists of seven K-6/8 schools, one comprehensive high school (academic and career/technical/vocational instruction in the same facility), an alternative middle and high school program, and an early education center which offers Pre-K and Kindergarten services.

Somerville High School was named Innovative School of the Year by the Massachusetts Biotechnology Education Foundation in 2011.

The Parent Information Center is a registration center and clearing house for support services for new families entering the public school system.

Services for families in the public schools are organized by the Somerville Family Network and the Somerville Family Learning Collaborative in partnership with the Parent/Teacher Association (PTA), Special Education Parent Advisory Council, and other partners.

The Somerville Public School also runs the Somerville Center for Adult Learning Experiences (SCALE), which provides classes and support services to over 1,200 adults annually, including ESOL and GED programs. Mystic Learning Center also offers GED programs.

Other Somerville students attend the Prospect Hill Academy Charter School (approximately 300 Somerville youth), St. Catherine’s of Genoa and other nearby parochial schools or are home schooled.

The Early Childhood Advisory Council is a network of providers and parents working to ensure that the needs of young children and families are recognized and addressed. Recent collaborations have included “Getting School Ready” conversations and family literacy campaigns.

The SomerPromise network is focused on improving educational outcomes for Somerville students, with the initial phase of the project focused at Mystic housing and Healey School.

A range of child care options are available from center-based to family child care including Head Start and Early Head Start serving infant, toddler, and preschool children.

Early Literacy programs: Raising-a-Reader, Parent Child Home Program, Reach Out and Read, and JumpStart.

Broad after-school community services exist such as: the Boys & Girls Clubs, Elizabeth Peabody House, the Community Schools program in each of the 8 public schools serving youth in Grades PK-8, Mystic Learning Center, YMCA, Teen Empowerment, Groundwork Somerville and Arts Council programs.

There is a range of community-based organizations providing ESOL classes for adults & parents such as: SCALE, Somerville Family Learning Collaborative, the Welcome Project, Centro Presente, and local libraries.

The Somerville Youth Workers Network is a coalition that meets monthly to discuss youth issues across venues in the city, including the schools.
POLICY CONTEXT

The Federal No Child Left Behind Act was passed in 2001, as a means to improve educational outcomes through accountability. The act has required government schools that receive federal funds to participate in annual standardized assessment of their students through a state-wide testing plan. These scores are used to determine the school’s results. Poor testing scores can result in required school improvement plans to rectify the situation. In Massachusetts, these tests are the Massachusetts Comprehensive Assessment System, referred to as MCAS.

Massachusetts is one of 12 winning states in the national Race to the Top competition, funded by the U.S. Department of Education to promote reform in four areas: standards and assessments, great teachers and leaders, school turnaround and data systems.

In 2005, Massachusetts became the first state in the nation to launch an independent Department of Early Education and Care. The impetus for the creation of this department was the interest in developing a system that ensured access to high quality pre-Kindergarten services through a mix of private and public providers. This initiative provided funding for local programming such as the Family Networks to help prepare children to be ready to start school.
**Recommendations:**

- Continue to work collaboratively to improve opportunities for early education and for all pre-school children in the city to be ready to start school
- Collaborate across various sectors in the city to strongly promote the strengths and diversity of educational options available to families with children
- In partnership with the Somerville Public Schools, strengthen efforts city-wide to support youth’s development and realization of their personal aspirations and goals in school, in the community and at home
- Investigate shared data base systems to help identify and track multiple factors impacting successful student achievement, to help identify gaps, and to improve integration of services for children and families, as discussed in SomerPromise network meetings
- Continue to learn about and test adaptations of promising practices in high school reform strategies, particularly those that show promise with Somerville’s vulnerable populations (e.g. accelerated credit recovery, e-portfolios, work/learning opportunities), in school and community settings
- Increase access to English as a Second Language classes for adult newcomers to better meet demand
- Develop stronger systems of communication and support for Non-English speaking parents to improve educational outcomes and high school completion rates for their children
- Build strong bridges between all levels and types of educational programs in the City, collaborating with the School Committee
- Continue to expand Adult Education offerings to reflect a wide range of interests and aspirations
- Create structures to encourage stronger program and policy links between local educational leaders and health providers to improve outcomes in both arenas
ECONOMY & EMPLOYMENT

section two
Economy & Employment

Somerville is home to many small businesses, most with fewer than 10 employees, that provide employment in the city for 24% of the population.

The number of residents far outweighs available local jobs, making commuting a daily reality for most residents. Close to 4,000 of the city’s 21,000 jobs are in the health and social services sectors spread across more than 100 different work sites. Some sectors, such as food services and retail, typically pay very low wages, requiring some residents to work several jobs to support their families.

Somerville has a primarily residential property tax base (68% in 2007). With another 13% of property exempt from taxes, the amount of commercial property which is taxed at a higher rate than residential is limited. This stretches the City of Somerville economy as the lack of a significant tax base impacts the level of local financial support for local services, making it vulnerable to cuts in federal and state aid over the past decade.

On the household level, the median income in the city has increased significantly since 2000. However, this increase has not been true for all residents. Utilization of local food pantries indicates that despite the improvements, there are still households that can not afford basic needs who are forced to make choices between food or fuel and have no safety cushion of funds to tide them over in hard economic times. Nationally, the middle class has gotten squeezed since costs have risen dramatically in a period when wages have been flat. Somerville employment has decreased over the last 10 years at the same time that real wages, taking into account inflation and actual buying power, have been slow to rise.

Inequality Rising in US

According to the United Nations Development Program inequality rankings of 2009, the U.S. is highly unequal in terms of the gap between rich and poor, third among the world’s advanced economic countries below only Hong Kong and Singapore. A major shift has occurred over the past 30 years, so that between 1979 and 2007, 63.6% of pre-tax income growth in the U.S. went to the richest 10%, while the bottom 90% of the population collectively saw only 36.4% of the growth in income.
According to the US Census Bureau, in the US in 2000, 8.7 million people with disabilities were poor - a substantially higher proportion (17.6%) than was found among people without disabilities (10.6%). The highest poverty rates in both cases were found among children aged 5 to 15. Young people with disabilities had a poverty rate of 25%, compared with 15.7% for those without disabilities.

What Does “Working Poor” Mean? 
In Somerville, 28.6% of individuals fall into this category, defined as those with incomes below 200% of the poverty threshold, compared with the state with 22.5% in this category.
SNAP Use by Zip Code
Since 2005, there has been an increase in Somerville households participating in SNAP. The largest utilization is seen in the population living in the 02145 Somerville zip code, followed by 02143. This increase corresponds with statewide increases from 2005-2010.

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<tr>
<td>Professional, scientific, &amp; technical services</td>
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<td>1,750</td>
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<tr>
<td>Personal &amp; laundry services</td>
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Where are the Jobs?
Health care and retail remain the top sectors of employment in the city.
With the close of Ames Envelope, the manufacturing jobs continued the decline seen for decades in this previously robust area. Several of the service industries, generally lower paying jobs, have shown growth.
**Somerville Unemployment Lower Than MA**

Unemployment in Somerville over the past 20 years has seen ebbs and flows. With an improving economy, the 1990s represented a steady decline in unemployment as the decade wore on, only to rise in the early 2000s. Despite rising significantly between 2008 and 2009 with the economic downturn, Somerville’s unemployment rates are lower than the state’s as well as lower than the highest local level in the past 20 years, which was in 1992.

**Economic Independence and the “Real” Cost of Living**

The Crittenton Women’s Union developed a measure to look at the real cost of living, the Family Economic Self-Sufficiency Standard, replaced in 2010 by the Massachusetts Economic Independence Index (Mass. Index). It measures how much income different types of families need to meet the real cost of basic expenses that support health, safety or earnings, not including building assets or purchasing goods or services. In 2010 in Massachusetts, a single adult required an income of $27,084 for cover basic needs, 60% higher than minimum wage. A family of a single parent, a preschooler and one school-aged child required $61,618 per year (or a full time job at $29.01 per hour) to achieve economic independence—approximately three and one-half times the federal poverty level of $18,310.

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**Accessing and Controlling Occupational Health Risks for Immigrants in Somerville**

This multi-year NISOH funded research project involved the community-based Immigrant Service Providers Group/Health, the Cambridge Health Alliance, and Tufts University. Grant partners included the Haitian Coalition, Community Action Agency of Somerville, the Brazilian Women’s Group and the Massachusetts Coalition for Occupational Safety and Health. Collaboratively, these organizations worked to enhance the capacity of community partners to measure and address occupational health issues for the populations that they serve. One outcome that emerged was the under-reporting of the number of immigrant residents working and living in Somerville. The project also raised awareness that environmental risks are disproportionately distributed in society.
STRENGTHS AND ASSETS

• City of Somerville Economic Development Department has numerous small business support programs in place as well as regular planning to meet federal Housing and Urban Development requirements. Also, the City’s Comprehensive Planning process includes economic issues.

• Earned income tax credit is made available through local agencies support for filing with the Internal Revenue Service, (CAAS and LIFT).

• Somerville Chamber of Commerce has been supporting businesses since 1946, with 380 members.

• Launched in 2008, Somerville Local First supports locally owned and independent businesses and promotes sustainable economic development, with over 170 diverse members.

• East Somerville and Union Square Main Streets are catalyst models to sustain commercial development and growth in neighborhood revitalization strategic areas.

• City of Somerville passed a Living Wage Ordinance, updated as of 2009, to require any city vendors or contractors to pay at least $11.22/hour, except for individuals in a Youth Program.

• Community-based organizations targeting anti-poverty and/or financial support initiatives such as: Community Action Agency of Somerville, Somerville Community Corporation, Somerville Homeless Coalition, LIFT.

• Several community-based efforts work on job development and/or job training: Somerville High School Technical/Vocational Program, Mystic Learning Center GED, LAUNCH!GED program, CASPAR, SCALE, Community Corridor Planning project, and Groundwork Somerville.
POLICY CONTEXT

In 2009, the American Recovery and Reinvestment Act (ARRA) known as the Stimulus Package, was passed in an effort to address the significant negative impact of the financial instability on the national and local economies. In the Somerville area, ARRA funds supported construction projects such as Assembly Square and over 100 local jobs, but these were largely short term through 2010.

Recommendations:

- Increase city's commercial tax base through commercial and economic development in the city
- Increase local jobs of all types for Somerville residents from all education levels, with good wages and benefits
- Develop policies and practices that support local developers hiring of local workers for temporary and long term living wage jobs
- Support local economic policy that preserves current small businesses in the city and the 10% shift campaign to move local spending to locally owned and independent businesses
- Establish a Somerville-wide coalition to create and implement job development policies and programs for ongoing employer outreach and job development
- Identify the types of employers (and respective jobs) coming into the city to determine trends to follow for job training
- Support alternative economic supports such as time banking, alternative savings programs and financial literacy programs
Housing

Long known as a gateway city, Somerville housing costs for purchase and rental are pricing out immigrants, as well as young people who grew up in the city.

High levels of renter occupied units, rents or mortgages that consume more than 30% of a households' income, and some of the oldest housing stock in the state challenge home ownership by low-income and middle-income households. The traditional multi-generational 2-3 family house has partially shifted to condos or shared student housing, at the same time that both baby boomers and young professional couples with larger incomes are finding the vitality of the city’s dense urban neighborhoods attractive. Based on prior experience when public transportation expanded to Davis Square, efforts to preserve affordable housing as part of the diversity of Somerville neighborhoods will be challenged by the extension of the Green Line.

A City of Renters

There are 32,658 housing units in Somerville, 94% of which (30,696) are occupied. 35.6% of Somerville’s occupied housing units are owner-occupied, while 65.4% are renter-occupied. The majority of housing units (60%) are located in homes of 2-4 units. In terms of measuring affordability of housing, the owner/renter mix is important. According to the Affordability Housing Index developed by MIT’s Center for Real Estate, Somerville has fewer than 5% affordable ownership housing units and over 20% affordable rentals. This measure takes into account the regional context of property including not only the structure of a building, but adequate access to environmental amenities, schools and adequate jobs in relation to the location of a house.
**Age of Somerville Housing Stock**

Compared to the state at 36% in the state overall, in Somerville 73.7% of the houses were built before 1940, the highest level in the region. The age of local housing stock can require additional attention to risks for exposure to lead, safety and indoor air quality, as well as adaptations for elderly or persons with disabilities. Only 0.3% was built in 2005 or later compared to 2.0% of MA housing.

*Based upon 32,658 total housing units in Somerville

**Average Home Sales Price by Housing Type (2000-2009)**

- **Single Family**
- **Condo**
- **All Sales**

*SOURCE: THE WARREN GROUP TOWN STATS, SOMERVILLE 2009*
### State Ranking for Housing Sales

In 2009, Somerville was ranked 9th in MA for two-family home sales, 10th in MA for three-family home sales, and 10th in MA for condo sales (Greater Boston Housing Report Card, 2010).

### Condominium Numbers Significant

Since 2000, condo construction and conversions created the greatest increase in owner-occupied housing stock in the city, peaking in 2007. Significantly greater than other cities in the region, the increase between 2000 and 2009 was over 300%, with Malden the next closest at close to 100% increase.

### Drop in Somerville Foreclosures

Despite the recent economic downturn, Somerville has not yet repeated its historic high of foreclosures set in 1993. The most recent data shows foreclosure rates have dropped from 54 foreclosures in 2008 to 35 in 2009.

### Cost-burdened Households

One out of three Americans spend greater than 30% of their income on housing. In MA, 18% of households are considered severely cost-burdened, with over 50% of pre-tax income devoted to housing costs, higher than the U.S. overall. Households spending greater than 30% of their income for housing needs are considered “cost-burdened”, with 36% of Somerville residents in this category.
Subsidized Housing
Somerville has a broad range of subsidized housing stock, including roughly 3,000 units, with half in public housing and the remainder in private rental (41%) and special programs (10%), with new units created since 2000, yet demand exceeds supply.

Regional 2-bedroom Rents
Somerville had the third highest median advertised rent in the region in 2008, behind Chelsea and Cambridge, respectively. Greater Boston area rents dipped lower in 2009 than 2008, though rent prices rose again in 2010 continuing to make Greater Boston one of the most expensive areas in the country for renters.

Housing and Transportation Costs
In 2006-2008, 40% of Somerville residents drove to work, 32% took public transportation, 4% worked at home.

STRENGTHS AND ASSETS

- Somerville has a long history of density—in 1940s rivaling Calcutta, India for people per square mile—with neighborhoods designed around former public transit and walkable neighborhoods.
- Somerville is well positioned to be a model for smart growth and transit-oriented development.
- The Somerville Housing Division of the Office of Strategic Planning and Community Development provides a wide range of programs and services, such as Down Payment Assistance and Closing Cost Assistance programs, Lead Based-Paint Hazard Abatement program, Home Rehabilitation program, Heating System Replacement program, and Energy Efficiency Improvements program.
- A City Comprehensive Plan is in development with a focus on development and preservation of affordable housing.
- Several community-based organizations address affordable housing issues such as: Affordable Housing Organizing Committee, Somerville Community Corporation, Somerville Homeless Coalition. Collectively, these agencies collaborate in the Homeless Providers group.
• A diverse stock of subsidized public housing exists, including municipal, state and federally funded, serving a range of populations. Demand still exceeds the supply.

• Community-based organizations address housing emergencies, though funding support is variable. (eviction protection, emergency funds)

• Community based organizations address access to fair and affordable housing and eviction prevention supports: Somerville Fair Housing Committee, Somerville Homeless Coalition, Community Action Agency of Somerville, Somerville Community Corporation. Jointly, these groups sponsor an annual Save Our Homes walk to raise funds to prevent homelessness.

• Save Our Somerville (SOS), a community group, was started by youth who grew up in Somerville in response to the changes they saw in demographics as housing costs priced out working class families and young people who grew up here.

• An annual Point in Time homeless census is conducted in January.

• The Staying Put Working Group is collaborating with the Somerville-Cambridge Elder Services and the Somerville Council on Aging to explore ways to make aging in place in Somerville a reality.

• The Mayor’s Office of Strategic Planning and Community Development recently conducted a survey of Somerville residents age 50+ to assess the current and futures needs of Somerville's older adults.

• Somerville Affordable Housing Trust Fund was developed by city ordinance to designate funds to preserve and create affordable rental and homeownership units in Somerville and carry out programs to directly assist homeowners and renters. The board collaborates with nonprofit organizations that provide housing, such as Respond, the Visiting Nurse Association, the Somerville Homeless Coalition, and the Somerville Community Corporation.

• The Visiting Nurses Senior Living Communities include the first affordable continuum of care model in the country at their Alewife Brook Parkway site with 99 units, adding to the 97 units at the Lowell Street location.

• Somerville is one of five communities in the state selected by the Massachusetts Smart Growth Alliance as part of the project “Great neighborhoods Initiative”. Community Corridor Planning project partners will be working on several goals including actions to preserve affordable housing in an effort to avoid displacement of residents as the Green line extension comes into the city over the next decade.
POLICY CONTEXT

In August 2010, Governor Patrick signed into law the Massachusetts foreclosure law, An Act to Stabilize Neighborhoods, aimed to provide protections for tenants and consumers, as well as provide tax exemptions for non-profits that rehabilitated foreclosed properties. At the Federal level, a similar “Protecting Tenants at Foreclosure Act” was signed in July, 2010.

In 1969, the Massachusetts Affordable Housing Law known as 40B was passed, with the goal of making at least 10% of the housing in each community affordable. It is credited with creation of 58,000 housing homes for residents. In 2010, it faced a repeal vote, but was supported by 58% of voters in the state. Currently, Somerville’s percentage of affordable housing, according to the state 2010 inventory, is 9.6%.

Locally, Somerville passed an ordinance in 1989 to create the Somerville Affordable Housing Trust Fund which has been utilized to preserve and create affordable housing in the city and create programs to assist low-income homeowners and renters.

Recommendations:

- Strengthen and/or increase collaborations among housing, health and human service providers and the City of Somerville to address local high density, walkable, transit oriented, diverse housing needs throughout the city
- Increase support for collaborative efforts to address populations at risk for losing housing or re-establishing secure housing; support the Save Our Homes Walk
- Strengthen and support anti-displacement strategies to protect vulnerable populations pending the MBTA Green Line extension
- Work to ensure long-term affordability in “Expiring Use” contracts, including establishing Somerville eligibility under Chapter 40T on Publically-Assisted Affordable Housing
- Strengthen Inclusionary Zoning Ordinance, to increase percentage of affordable units constructed in new housing developments and condo conversions

continued...
**Recommendations continued:**

- Insure long-term affordability in new or redeveloped affordable housing by deed restriction
- Ensure accessible housing, anticipating needs of current population with disabilities and aging baby boomers interested in aging in place. Explore specialized HUD/HHS programs that target specific populations.
- Investigate quality of housing in the city, in relation to health issues such as high levels of asthma, closely correlated with housing environment risk factors
- Increase funds dedicated to affordable housing through channels such as District Improvement Financing, Linkage Fees and federal funds such as Transit-Oriented Development money
- Expand opportunities to utilize Individual Development Accounts (IDA) programs to build higher levels of home ownership through education and financial supports
- Establish support systems for residents to establish alternative housing arrangements such as co-housing, shared housing, or other collective living solutions
- Identify housing stock that may be idle that could be included as affordable housing – example, elders in the city who own their homes but are afraid of renting out apartments that are vacant
Built & Natural Environment

Land Use

The built environment refers to human-made settings—the streets, the buildings, the parks around us. These include the planned use, layout and design of a community such as houses, playgrounds, schools and grocery stores, commercial zones and residential zones, energy networks and public transportation.

Land Use Policy Tools

Zoning is the mechanism that brings planning, policy and legislative work together to determine the future character of a community through land-use planning. Zoning with a public health focus can promote and protect community features such as mixed commercial-residential districts that encourage walking and biking, the preservation of open space, improved access to healthy food choices, and reduced exposure to pollution.

Somerville Comprehensive Planning Process

In accordance with Massachusetts General Laws, Chapter 41, Section 81D, the City of Somerville launched the development of the Somerville Comprehensive Plan in 2009. This plan is intended to reflect the vision of what the city wants to become and the steps needed to achieve that vision and to support decision-making related to long-term city planning. Based on analysis of city data, the Plan focuses on city-wide goals and policies and the strategies for implementing them as of the end of 2011. An extensive process of community involvement was undertaken in 2019-2011, including public visioning meetings and a Steering Committee that actively brought a range of perspectives to the process. The graphic following indicates the overlapping elements including land use, economic development, open space and recreation, natural and cultural resources, services and facilities, circulation and transportation, housing and an implementation plan.

Historic Properties

Somerville has 82 properties/historic districts listed in the National Register of Historic Places. There is a Somerville Historic Preservation Commission in place to promote, protect, and preserve historic elements, including collecting archives and increasing awareness of the historical nature of the city.
**Brownfields**

In areas like Somerville, with a strong industrial history, thinking about the built environment also includes the uses of land for past commerce or industry, which has often left a legacy of contamination, known as brownfields. The City has a Brownfield Economic Development Program that has for decades been able to leverage Community Development Block Grant or EPA funding to provide assistance for environmental site testing or cost overrun coverage. These programs have served to address the potential concerns raised around brownfields by providing both technical information about the magnitude and characteristics of any contamination and financial assurance the indicated environmental remediation can take place to return the land safely to a new appropriately designated use. Community advocates are also looking at brownfields in areas of potential future development, such as the Green Line corridor, to help advocate for uses that reflect and protect the character of those neighborhoods.

**Support for Funding for Fitness**

“How important is it to you that Somerville spend money to build and maintain places where people can exercise, for example, walking paths, biking paths, recreation centers?” In response to this question, 69% of Somerville adults surveyed answered it was “very important.”

(5-City BRFSS 2008)
**Transportation**

Increasingly connections are being recognized between transportation and health issues. Transportation equity is also gaining increased attention as distribution of transportation resources is so strongly linked to economic, housing, education and health access. Funding policy at the federal level has long favored vehicle travel over public transit or active transportation (such as walking or biking), with even greater pressures in the changed economic climate on the renewal of the Federal Transportation bill. At the same time, research and advocacy efforts continue to indicate ways in which transportation choices impact air quality and related health issues.

**Local Public Transit**

Massachusetts state officials have agreed, both in court settlements and legislation, to extend the Green line rapid transit system through Somerville. This would bring rail transit service to the core sections of Somerville. The Green Line Extension would be built along existing commuter rail rights-of-way, and would extend service to much of central Somerville. A new Orange Line station is to be built near Assembly Square in East Somerville. The addition of these new stations would bring a rapid transit line within a half mile of 85% of the city’s residents, compared to the current 15%. Buses currently serve the city, though the vast majority of lines run only east-west, creating barriers in access.

**Past Transportation Decisions Impact Current Conditions**

Somerville is impacted by three major highways that run through the city, Route 28, 38, and 93 which isolated neighborhoods when they were built. Over 250,000 vehicles per day travel through the city on these highways. Diesel trains fan out across the city, making 200 trips per day, serving regions to the north and west of Boston, without stopping to serve local residents, with up to 200 trips per day. Somerville, with 25 miles of road per square mile of land, has the highest level in the region.

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**Bike Friendly City**

Somerville was recognized in May 2011 with a bronze-level award from the League of American Bicyclists. This honor reflected significant efforts by the City such as increasing bike lanes, to integrate “share rows” where streets to narrow for bike lanes, providing bike parking, planning for the extension of the Community Path, and the development of policies requiring developers to integrate bike planning into designs. Somerville is in line for the next phase of a bike-sharing program started in spring 2011 in Boston to promote easier access. The Somerville Bike Committee meets monthly to promote improved infrastructure and safety for biking in the city.
Emergency Department Visits
Based on data from 2002-2008, asthma-related emergency department visits have been increasing in all Somerville age groups, a pattern also seen at the state level, however the rate among 20 to 29 years olds remains well below the state.

Adult Self-Reporting of Asthma
Among adults, 13.2% self-reported asthma according to the 2008 5-City Behavioral Risk Factor Surveillance Survey, which is lower than the state level of self-reported asthma of 14.8% (2008 MA BRFSS).

Asthma Prevalence Among Students (K-8th grade)

SOURCE: BUREAU OF ENVIRONMENTAL HEALTH, PEDIATRIC ASTHMA SURVEILLANCE PROGRAM (NOTE: SCHOOLS' PARTICIPATION AND REPORTING IS VOLUNTARY, ALL SCHOOLS IN DISTRICT MIGHT NOT REPORT EACH YEAR)

Controlling Childhood Asthma
Cambridge Health Alliance was awarded funding by the Robert Wood Johnson Foundation to apply chronic care management to reducing emergency room visits and hospitalizations for children with asthma. The project educated clinical care teams on evidence-based guidelines, established an asthma registry, created an asthma action plan for each child including referral to the visiting Healthy Homes program, and addressed policy issues with city officials and community partners. Between 2002 and 2006, all 1,000 children with asthma at CHA were entered into the program, emergency room visits for this population decreased dramatically from 20% to 6.6%, and hospitalizations decreased from 9.6% to 1.1%.
**Somerville Public School Asthma Rates Lower than MA**
Based on voluntary reporting from the schools (note 2004 is missing), the percentage of Somerville students K-8th grade with asthma is lower than the state levels and 2008 levels were the same as 2003 in Somerville, while the state levels have been slowly increasing steadily.

**Elevated Blood Lead Levels, Children aged 6 months to 6 years (2000-2010)**

*Elevated blood lead levels >15mcg/dl for children between 6 months and 72 months of age

**Somerville Blood Lead Levels Trending Down**
Screening rates have been approximately 65% for Somerville in the last 3 years which is higher than the state average which is closer to 50%. Since lead was removed from gasoline, most lead exposure is likely related to elderly housing stock with existing old paint, from before 1977 when paint was required to be lead free.

**Getting Out the Lead**
Since it inception in 2001, the City of Somerville's Lead Abatement Program has fully abated 645 housing units within the City. A 2011 3-year grant totally $1.9 million will de-lead 120 more units. The program has helped low-income homeowners and their tenants create lead safe homes while concurrently creating affordable housing opportunities for those who need it most.

**CAFE-H Study**
This Boston area community based participatory research study based at Tufts did studies in Somerville in 2009-2011. Initial results indicated that, consistent with studies in other regions, ultrafine particulates (UFP) are elevated near local highways and that levels of UFP change rapidly over time and with weather conditions. The highest UFP concentrations occurred in very cold weather. When there are high traffic volumes it is recommended to minimize walking or exercising near highways. Related studies are exploring health impacts of near highway exposure and the effectiveness of possible indoor air filtering mitigation technologies to improve health outcomes.
Healthy Homes

This concept recognizes the importance of disease or injury prevention through providing safe, secure and sanitary housing. Increasingly, scientific research indicates that new policies and practices are needed to address health outcomes such as asthma, lead poisoning, and unintentional injuries related to exposures related to housing issues. The U.S. Department of Housing and Urban Development (HUD) estimates that across the country there are more than 6 million substandard housing units. Children are particularly vulnerable to such impacts which can negatively effect their growth and development.

Water Quality

Drinking water for Somerville is provided through the Massachusetts Water Resources Authority (MWRA), sourced from the central part of the state and a series of reservoirs and conduits. In the summer of 2010, a break in a water main threatened water quality for much of the Greater Boston area reminding residents of the critical nature of this service. The drinking water quality is generally very good, with exceptions linked to aging pipes.

The Mystic River Watershed

This regional water system runs along the northern and western borders of the city, draining approximately 76 square miles and 21 municipalities north of Boston. The Mystic River flows from the Mystic Lakes in Winchester and Arlington through Medford, Somerville, Everett, Charlestown and Chelsea to the Boston Harbor. The river is historically significant in that it was once the center of industrial activity, some which had negative environmental effects on the watershed, from reducing floodplains to polluting sediments and water. Development over recent decades has led to 73% of the surface in Somerville being impervious, so rain can no longer naturally move down through the ground where it falls, preventing recharging of local ground water and moving larger volumes of water more quickly, leading to increases in flooding.

Collaboration Towards Improved Environmental Outcomes

In 2008, EPA New England held a Summit on the watershed and launched a broad Mystic River Watershed Initiative. In early 2009, the Mystic River Watershed Steering Committee was created to allow environmental advocates, state and federal regulators, and business and municipal leaders to work collaboratively to promote actions that will improve environmental conditions throughout the watershed.
Water Quality Monitoring
The Mystic River Watershed Association (MyRWA) began water quality monitoring activities in 2000. In 2006, EPA began working with Massachusetts Department of Environmental Protection and MyRWA on monitoring and compliance activities and EPA New England launched the first annual Mystic River Watershed report card in 2006. This report reflects the water quality through comparison to swimming and boating standards based on bacterial contamination of E. coli in freshwater sections and enterococcus in saltwater.

Mystic River Watershed - Water Quality Grades 2007-2010

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<td>28%</td>
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SOURCE: UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Mystic River Report Card Grades
Since initiated in 2006, the EPA grade for the Mystic improved slowly from a D to a C-, with a drop to D- for 2010. The grade for 2009 indicates that water quality met swimming standards 57% of the time and boating standards 93% of the time in 2008 based on monitoring across the watershed. The reduction in 2010 is largely attributed to a high number of releases of polluted waters into the Alewife Brook and/or Mystic River from Combined Sewer Overflows (CSO) and Sanitary Sewer Overflows (SSO) during high volume rain events, many of which lead to severe local flooding.
Climate Change

There is much discussion about the impacts of climate change on human health, both directly and indirectly through variables such as sea-level rise, changes in precipitation causing flooding and drought, heat waves, more intense hurricanes and storms, and poor air quality. Addressing these health effects of climate change will be challenging and require both local adaptation and wide-reaching policy shifts.

Climate Actions in Somerville

The City of Somerville has taken multiple actions to reduce the city’s carbon footprint and greenhouse gas emissions, including aggressive energy efficiency measures, by converting city trucks to biodiesel fuel, purchasing hybrid and Smart Cars, and creating a Board Subcommittee on Energy Use and Climate Change. The City also partners with community groups such as Somerville Climate Action, a grass-roots collaborative working for a safe and stable climate while helping to build a resilient, just, and sustainable community.

Science shows that the amount of carbon in the atmosphere that is considered a ‘safe’ limit is 350 parts per million, with the current level at 389 and climbing. As part of a national campaign, Somerville Climate Action is challenging residents and businesses across Somerville to take 350 meaningful actions to help build a more resilient community in the face of rising energy costs and climate change.

Beating the Heat

Statistically, heat has killed more Americans in the last decade than any other weather-related cause. The Heat Index is what informs excessive heat safety alerts. It provides a measure of how hot it actually feels, based on the interaction of temperature and humidity. The City of Somerville provides Cooling Centers at Holland Street and New Washington Street for residents who need respite from the heat for health and safety.
Open Space and Urban Forestry

Somerville has been working hard over the past two decades to increase the amount of open space in the city; even so, only about 177 acres of the city or about 6.75% of the land meets the criteria. The city manages 41 parks and recreational spaces, in addition to school playgrounds and community gardens. Somerville has eight community gardens coordinated by the Somerville Conservation Commission and one each at Mystic and North Street housing. Groundwork Somerville has built and maintains nine school gardens across the city, providing youth programming in collaboration with the schools. The Somerville Community Growing Center serves as a resource for these programs, as well as home gardeners, who are also well supported by the Somerville Garden Club. The Parks and Open Space Department works with a broad city team to optimize the precious open space in the city with an eye to balancing varied needs and desires for recreation, restoration and environmental health. The City has actively pursued increased access to state owned lands in the city to serve the local population, such as reclaiming Dilboy Field and the skating rink.

Massachusetts requires municipalities that want to be considered for funding for parks development to submit an Open Space and Recreation Plan, generally every five years. This plan highlights existing resources and also sets plans for improvements, informed by community process. The federal street tree planting program and the Urban Forest Initiative are also part of the Parks and Open Space program.

Getting Kids Moving Outdoors

Research suggests that spending time outdoors and/or in proximity to nature can support improved cognition, reduce symptoms of attention deficit disorder, and increase physical activity opportunities. Historically, unstructured active play was a large part of a child’s day, promoting less sedentary lifestyles for children.
• The City of Somerville integrates the Partnership for Sustainable Communities’ Livability Principles in all of its activities, whether long-range planning or daily actions.

• The City’s Office of Strategic Planning and Community Development is in the process of completing a city-wide Comprehensive Plan addressing many areas of the built and natural environments, which included community engagement throughout the process.

• The City’s Office of Sustainability and Environment was developed with the aim of making Somerville a model livable and sustainable city by reducing energy costs and environmental impacts of city operations, by adopting and promoting environmentally sensitive management policies, and by advocating for programs and practices that result in a healthy and enjoyable environment for the residents of Somerville.

• Somerville has a strong history of various advocacy related to the built environment, such as: Union Square and East Somerville Main Streets, Mystic View Task Force, Somerville Bike Committee, Somerville Historical Commission, and Active Living by Design related to the Shape Up Somerville work.

• Transit oriented design and transportation equity are addressed by community organizations such as the Somerville Transportation Equity Partnership, Somerville Community Corporation, Friends of the Community Path, and the Community Corridor Planning project. These collaborations have positioned Somerville favorably for support such as Massachusetts Smart Growth funding through the Great Neighborhoods Initiative.

• There are several municipal and community groups focused on the interface of the built and natural environments that work closely with the City such as the Mystic River Watershed Association, the Somerville Conservation Commission, Groundwork Somerville, Somerville Climate Action.
**POLICY CONTEXT**

The Executive Office of Environmental Affairs of the Commonwealth of Massachusetts passed an Environmental Justice Policy in 2002. In the policy, the definition reads: “Environmental justice is based on the principle that all people have a right to be protected from environmental pollution and to live in and enjoy a clean and healthful environment. Environmental justice is the equal protection and meaningful involvement of all people with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies and the equitable distribution of environmental benefits.”

The federal Clean Air Act was first established in 1963 to address growing public health impacts of air pollution. It was strengthened in 1970 at the same time that the Environmental Protection Agency was developed to provide comprehensive oversight to carry out the law. Ongoing research and periodic reviews or guidelines and limits are intended to ensure protection from air pollution for all U.S. residents.

The federal Clean Water Act is the common name for federal legislation and the regulations concerning surface water quality standards and pollutant discharge in U.S. waters first passed in 1972. The regulations are upheld and monitored by the United States Environmental Protection Agency. At the local level, each community has to have a plan to meet the National Pollutant Discharge Elimination System (NPDES) permit process with regard to their stormwater management.

The Commonwealth of Massachusetts passed the first Zoning Act (MGL c. 40A) in 1975, which has been most recently updated in 2009. The state also has legislation for specific zoning topics such as: 40B for regional planning and affordable housing, and 40R for Smart Growth Zoning. Locally, the City of Somerville’s Zoning Ordinance was last updated in 2011.
**Recommendations:**

- Strengthen communication and education about available data and resources to address environmental risk factors through exposures to air, water, soil pollutants, and their inter-relationships, especially for vulnerable populations.
- Continue the community engagement process modeled through creation of the Comprehensive Plan to insure implementation of the plan.
- Develop shared use paths and public open spaces to create a vibrant network throughout the city, as well as connections to other communities, to promote healthy living and be responsive to changes in cultural opportunities and recreational interests over time.
- Advocate for the extension of the Community Path in conjunction with the Green Line Extension.
- Promote universal design approaches wherever possible, to ensure access for all people regardless of limitations.
- Continue to advocate for and educate community about transportation equity.
- Consider air and water quality impacts when making changes in the built environment, for instance considering specific criteria for building housing or schools in close proximity to highways or encouraging Low Impact Development and Best Management Practices in conjunction with retrofits and new construction for stormwater system improvements and to decrease stress on the overburdened sewer and storm systems at lower costs.
- To foster community connections, continue to develop healthy and attractive public spaces.
- Address the city’s waterfront areas as a regional ecological resource, with a balance between public access and the viability of the local ecological system.
- Insure that the arts are integrated into the built environment through a variety of spaces supporting creative work, exhibits and performances.
- Promote actions and policies to reduce atmosphere carbon levels locally, regionally, and nationally.
Community

A healthy community, according to the World Health Organization, is “… one that is continually creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential.”

Determinants of health include not only access to education, jobs, housing, and a safe physical environment, but social factors as well. Some of these elements are social supports and social networks, but also freedom from discrimination based on race, ethnicity, gender, age or sexual orientation. Community resources that facilitate health and personal growth may also include access to arts and cultural experiences, faith-based communities, open channels of communication, and opportunities to be civically engaged. The presence of social supports is linked to individual and community health outcomes, with related better health and lower mortality rates. In addition to helping reduce the negative impacts of stress, social networks provide support for individuals in coping with jobs, housing, childcare and other resources that influence socio-economic impacts on health. Some of the sources of negative stressors, which can cause chronic stress, are driven by societal issues such as discrimination, racism, or other “isms” that impact status and access to fairness and justice in society.

“Until the great mass of the people shall be filled with the sense of responsibility for each other’s welfare, social justice can never be attained.”
-Helen Keller
**Social Justice Informing Policy**
Definitions of social justice include “the distribution of advantages and disadvantages within a society” or “the concept of creating a society based on equality and one that recognizes the dignity of every individual.” Social status is both shaped by and reflective of inequalities related to gender, race and class, power and wealth differences, and unequal access to political influence. Political influence, in turn, shapes social policy which can either reinforce inequalities or challenge them.

Social policy is linked directly to health policy. For example, the average life expectancy in the U.S. improved by 30 years during the 20th century. Researchers attribute much of that increase not to drugs or medical technologies but to social changes such as improved wage and work standards, universal education, improved sanitation and housing and civil rights laws. Social measures like living wage jobs, paid sick and family leave, guaranteed vacations, universal preschool and access to college, and universal healthcare can extend and improve lives. These are as much health issues as diet, smoking and exercise.

**Health Disparities and Health Inequities**
The National Institute of Health defines health disparities as “differences in the incidence, prevalence, mortality and burden of diseases and other adverse health conditions that exist among specific population groups in the United States.” Health disparity equates with inequality related to differences between individuals or groups, whereas health inequity refers to underlying avoidable societal conditions that are unfair or unjust. Health inequities are socially produced, creating systemic difference in health between different socio-economic populations.
**Racism**

Race is a social construct, a biological myth that carries significant implications for health. Research related to health disparities, increasing the focus on social determinants of health, when controlled for social factors such as socio-economic and educational status indicates people of color experience worse health outcomes than Whites. The chart below indicates some of the factors impacted by race, as demonstrated in numerous studies. Ethnic health inequities also follow a similar pattern of poorer health outcomes.

Increasingly, there is growing recognition that the chronic stressors associated with racism threaten health. Racism can manifest as internalized, interpersonal or institutional—changing the day to day experiences of where people of color live, work, learn and play, impacting health across the full spectrum of life from maternal health to achieving the average life expectancy.

Anti-immigrant sentiments, which presently mirror past discrimination in earlier economic downturns, often present with subtle or even blatant racial overtones. Effective efforts to improve health outcomes increasingly need to take into consideration these issues in order to challenge deep-seated health inequities.

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**Cultural Humility**

For years, the term “cultural competency” has been held up as a goal to attain, seeming to imply that there is a certain amount of knowledge and understanding to gain to become “competent”. The term “cultural humility” refers to a more engaged and ongoing process of learning and reflection, aimed at developing personal reflection, self-evaluation, and self-awareness skills to nurture a respectful approach to and value for the uniqueness of every individual. Medical training is adopting this approach to address concerns about effectiveness of future health care providers to interface with a rapidly diversifying patient population and addressing health disparities.
Faith Based Communities

Based on the literature, participation in faith based communities can be a critical social support for many people. Somerville is home to 32 churches, one synagogue and an active havurat, and a mosque in close proximity that serves the growing Muslim population. Over the past decade, there have been significant changes in the religious demographics in both the White Protestant and Catholic churches. Historically, there were seven parishes in the city and residents often identified themselves by their parish, rather than their address. Today, there are half as many active Catholic parishes. However, the immigrant based faith communities have been growing and thriving, often sharing spaces with existing congregations or by outright purchase. In the past, the local faith community has met regularly to discuss shared concerns and issues impacting their populations. In 2010, Somerville religious groups sponsored eight permitted activities such as parades, festivals, or other public events.

Arts Activities and Performance Spaces

Somerville has many opportunities for cultural and artistic expression and participation. The city is home to a thriving artists’ community and an active local cultural agency, the Somerville Arts Council. The vigor of the local artists community is reflected in such regular events as the annual ArtBeat, as well as ArtsUnion PorchFest, the Illumination Tour, Mystic Mural Project, Art in the Garden, and Books of Hope. In addition, there is a dedicated non-profit that organizes the Somerville Open Studios, the largest in the nation. The Brickbottom Artists Association hosts gallery shows throughout the year and open studios each fall.

Markets, Music and More

Arts at the Armory showcases a wide range of visual arts, dance, theater and musical performances in the historic armory building which now provides studio spaces for artists, a cafe, galleries, two live/work artists units, two performance spaces, and offices for arts organizations, as well as providing space for local organizations to hold large celebrations. In 2011, the popular indoor Winter’s Market organized by the City was held at the Armory, creating an environment for welcome social interactions in the depth of the winter season, with over 2,000 people signed onto the Facebook page.
Somerville Theatre in Davis Square, as well as Johnny D’s Uptown Restaurant, The Burren, Precinct, Sally O’Brien’s and other venues host regular live music, as well as other spaces such as the Nave Gallery, the Somerville Museum and the Somerville Community Growing Center. Thirty-one permits were granted by the City in 2010 for public music events, using parks and streets as performance spaces. Somerville Theatre hosts special events and programming such as the Independent Film Festival of Boston.

The City hosts outdoor films, the Somerville Sunsetters concerts, and jazz festivals. Tufts University has an art gallery, which annually features local artists, as well as offering theatre and music performances open to the public on the Somerville/Medford campus. Door2Door to the Arts offers seniors bus transportation to cultural and hands-on art activities in the Boston area. Local businesses and cafes regularly exhibit local art throughout the community. In addition, new traditions bring art and music to the streets like the fall HONK Festival, a gathering of activist street bands from across the country and the world.

Civic Engagement
Activity that links people with power structures includes civic engagement and activism. Civic engagement can be described as developing the skills and knowledge, combined with understanding of moral and motivational issues, to make a difference in a community’s civic life. Being engaged involves an individual recognizing their role as part of the social fabric and taking responsibility for learning about issues impacting quality of life, taking action when required. Somerville is known for a having a fairly high level of resident involvement at the local level and beyond, addressing many issues over the decades.

“The Somerville Conversations was a civic dialogue project from 1998-2003. Small groups of up to twelve members met weekly to discuss a common topic, usually one that addressed immediate concerns in the city. All the groups followed the same agenda over 5-8 weeks, coming together for a combined meeting, to discuss their conclusions. Groups were facilitated by lay people trained in group facilitation skills. Topics included: East Somerville: Neighbors Talking; Somerville: Facing the Challenge of Racism; September 11th/Then, Now, Tomorrow; Somerville: Youth and Adults Working Together and What Divides Us/What Unites Us.

“Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has.”
—Margaret Mead
ResiStat is a City program intended to increase civic engagement and communications between city government and residents, which hosts a regular blog and hosts bi-annual ward meetings to elicit feedback, questions and concerns from local residents. The Mayor’s Office started a Young Somerville Advisory Group to engage 21-35 year olds in the civic community.

Increasing concerns about safety and possible deportation have added to the extra challenges such as language and cultural differences that many immigrants face in engaging actively in civic life. Cultural norms about speaking out in public and challenging authority are also impacted by experiences in the countries of origin of some residents. Socio-economic factors and voting status can also impact the level of political influence of residents.

In general, Somerville has a strong history of activism, with a significant segment geared towards addressing justice and equity. Some such efforts, such as creating a local anti-poverty agency, RESPOND, the Duhamel Educational Initiative, Walnut Street Center, and the Welcome Project have lasted decades, while others have served the need of the time, such as the Somerville Coalition of Racial and Ethnic Justice or the Somerville Citizenship Coalition.

**Immigrant Support Services**

In addition to the Welcome Project, other local agencies have developed to serve immigrant populations, such as the Haitian Coalition and Jovenos Latinos housed at the Community Action Agency of Somerville till 2010, Committee of Refugees from El Salvador (CORES) and Centro Presente to serve the significant Central American immigrants, and the Brazilian Women’s Group. The Immigrant Service Providers Group composed of direct service providers, immigrant coalition directors and health care providers meet regularly to address disparities.
and inequities in health care, facilitate improved efficiency of communicating health information within Somerville’s immigrant communities, and reach out to newer immigrant groups arriving in the city. At the state level, the Massachusetts Immigrant and Refugee Advocacy Coalition works to support rights and integration of the one million foreign-born residents in the state through policy analysis and advocacy, organizing, training and leadership development, and strategic communications.

**Social Supports and Interactions**

Barber shops and hair salons have become the focus of some public health outreach campaigns, recognizing their role in social discourse and the sharing of social norms in these settings. The concept “third space” refers to places in a community where people can gather informally, such as cafes, plazas, libraries or dog parks. Block parties are one way of claiming the streets for public activity, with 21 such gatherings across the city in 2010. As cyberspace grows, on line forums also serve this role. For examples, the Somerville Mom’s group has over one thousand members, sharing concerns, questions and resources related to raising kids in the city. The Somerville Community Partnership for Children/Somerville Family Network has provided a clearinghouse for information and support for families with young children. Historically, settlement houses have served low-income and immigrant families, represented by the Elizabeth Peabody House on lower Broadway in Somerville.

“As I have said, the first thing is to be honest with yourself. You can never have an impact on society if you have not changed yourself... Great peace-makers are all people of integrity, of honesty, but humility.” - Nelson Mandela
Sports Activities

Many residents find both physical activity and social outlets through numerous team sports, which keep busy the city’s fields. Softball/baseball diamonds and basketball hoops have dedicated areas while ultimate Frisbee, rugby, lacrosse are showing up while the increasingly popular pickup soccer and “boot camps” take place across the city. The City of Somerville took over management of Dilboy Field and the skating rink from the Massachusetts Department of Conservation and Recreation next to Conway Park including the outdoor floor hockey rink, providing more opportunities for a wider range of activities for all ages. Children's sports such as Little League, Pee Wee Football and Somerville Soccer engage hundreds of local families who turn out to cheer their sons or daughters. Road races are popular, with 18 permitted racing events in the city in 2010. Because of the density of the city, finding unstructured, free space available for outdoor play challenges the long history of kids in the neighborhood gathering to be actively engaged in physical activity. Indoor space is also at a premium for the general public.

Media and Communication Technologies

Somerville has made efforts to stay on the edge of technology advances. In the City of Somerville government, the Information Technology Department provides the City with a high-speed fiber network for data recording, email, high-speed Internet access, a citizen web site, accessible electronic documents, financial applications, storage, and enhanced databases to increase access to city government. Somerville has served as an example to other
cities in the U.S. and beyond on the experience using 311, which allows for one call to City Hall for information and operators in four key languages to assist residents, and a high-speed call-out system, Connect CTY, which allows for messages to be sent to residents with information on school issues for parents and for neighborhood residents on traffic or safety issues.

Somerville has an active local cable system, with the City providing coverage for Education and Government affairs. Somerville Cable Access TV provides the public access station for the city, offering trainings for city residents and recently added infrastructure to support the internet based Boston Free Radio.

The expansion of the internet and social media as a primary method of communication has added layers to earlier print and audio/visual methods. Local and regional newspapers all have an online presence. Most local organizations have a Facebook page, if not a Twitter account, to keep in touch with their constituents. Orkut helps local residents from Brazil and India stay in touch with friends and family.

A “Visual Guide to Somerville Online,” in the Spring 2011 issue of Somerville Scout, provided a glimpse of the range of the virtual Somerville community between websites and blogs covering topics such as arts and culture, city news and opinion, neighborhood business, city government, advocacy/social service and change, and advocacy/environment and development.
STRENGTHS AND ASSETS

• Strong community history of civic engagement and activism includes efforts to address racism and discrimination.

• The Somerville Human Rights Commission was created to eliminate unlawful discrimination and to provide education about human rights issues in the City, working with diverse individuals and groups to promote tolerance and mutual respect.

• Somerville has been named one of the 100 Best Communities for Young People by the America's Promise Alliance for numerous years and was an All-American City award recipient in 2009.

• The Regional Center for Healthy Communities (Metrowest), or RCHC) helps the 60 communities in this region to realize their vision for a healthier place to live. The RCHC promotes regional partnerships and collaborations to promote health. In 2010, RCHC made a commitment to conduct all their work with cultural humility as they work to foster an equitable approach to prevention and health promotion.

• The Somerville Arts Council and several other local arts organizations stimulate a local environment that fosters creativity and artistic expression.

• The Somerville Museum, the Historical Society and the Historical Commission support connections to the history of the city and region through their programs and activities.

• Initiatives such as the Progressive Democrats have encouraged young professionals in the city to get involved in city politics, offering trainings and an opportunity to participate in the political life of the city.

• The city has a vibrant sports community, in keeping with promoting physical activity.

• Local audio-visual media such as the local cable access station SCATV, City Channels for Education and Government, Boston Free Radio.

• Social media such as the Somerville-4-Schools listserve, Somerville Moms email group, Somerville Voices, numerous local Facebook pages for local government and community agencies, and advocacy efforts.

• Local business and commerce organizations, such as the Main Streets Initiatives, have developed strong community roots, bringing together businesses and residents to work together on neighborhood issues.

• News media, which also have an on-line presence, such as Somerville Journal, Somerville News, Somerville Scout, the Boston Globe Somerville page, and Somerville Patch daily news.

• Opportunities to gain skills and knowledge and/or leadership training related to civic engagement and/or the political process through agencies such as the Somerville Community Adult Learning Experience (SCALE), the Welcome Project, Somerville Community Corporation, Centro Presente.
POLICY CONTEXT

In spite of national and local legislation which at times challenged freedom and security of certain residents, there are policies in place to support improved equity. At the national level, the Civil Rights Act, initially passed in 1964 and revised several times since, outlawed outright discrimination against blacks and women, including voting and racial segregation in schools, at work and facilities serving the general public. Locally, Somerville passed the Human Rights Ordinance in 1983. Additionally, Somerville passed the Sanctuary City Resolution in 1992 and the Dream Act Resolution in 2010—both largely symbolic of the City’s intention and attitude rather than binding legislation due to the national nature of these issues.

Recommendations:

- Focus collaborative health efforts on “upstream” policies and activities that attempt to address and eliminate social structures that impact power or social influence, such as racism, class exploitation or discrimination
- Advocate funders realign priorities to address social determinants, to provide technical assistance, and to support convening and planning at the community level for health prevention and/promotion
- Support creation and development of “third places” in the community to serve as informal social gathering places to promote healthy social interactions
- Promote participation and exploration of the full diversity of arts and cultural activities the city offers
- Strengthen opportunities for all residents to have a voice in civic society
LEADING HEALTH INDICATORS & RECOMMENDATIONS
Access To Health Care

section one
Access to Health Care

Access to health care is critical to maintaining overall physical, social and mental health and aids in the prevention and treatment of disease and disability.

Access includes the absence of barriers to seeking or receiving care, including oral and mental health care. Barriers can include limited availability or hours of operation, physical barriers to people with limited mobility, financial issues such as prohibitive cost or lack of insurance coverage, related social determinants such as lack of transportation or childcare or fear of deportation, and cultural/linguistic accessibility.

Access to healthcare also includes availability of emergency services. Yet, the basic tenet of access to healthcare concepts is a focus on decreasing the need for emergency room visits through preventive medical, dental, nutritive and psychiatric care. Access to regular medical and dental checkups and the financial/insurance supports to sustain relationships with primary care providers and to pay for prescriptions are critical steps to accessing preventative care throughout life for all residents.

With equitable access to health care, residents can experience an increase in quality of life with related decreases in mortality and morbidity rates and preventable hospitalizations. Policies at the state and federal level have had significant impacts on access to affordable health care and more changes are in process.

Providing Culturally & Linguistically Competent Care

In 2010, CHA was recognized by the American Hospital Association’s Institute for Diversity for providing high quality, culturally-competent care. CHA was recognized as a national leader in two categories: 1) For Delivering Culturally and Linguistically Competent Patient Care throughout the Organization, CHA was one of 4 hospitals named “Best in Class” and, 2) For Effectively Engaging Diverse Communities that the Organization Serves, CHA was in the top 12, and noted for “Promising Practices.”
In 2008, about 44% of Somerville adults ages 18 years and older reported receiving a flu shot in the prior 12 months, and among those aged 65 years and older, 66% reported having ever having received a pneumonia vaccination (5-City BRFSS 2008). For 2010 through February 2011, the Somerville Public Health Nurses provided 1,492 flu vaccines to adults and 93 to children through a series of flu clinics and weekly evening office hours before flu season.
Impacts of Massachusetts Health Insurance Reform
The number of local residents without health insurance has dropped dramatically since 2002; the Massachusetts health insurance reform went into effect in 2007.

Shorter Local Emergency Wait Times
Whereas nationally Emergency Department (ED) wait times are an average of one hour, Cambridge Health Alliance ED wait times are on average under five minutes. This is accomplished through the use of a state-of-the-art patient triage and tracking system, rapid assessment protocols and a streamlined patient admission process.

How Can Someone Who Needs Health Care Insurance Learn More?
Health Care for All offers a free Help Line to answer questions about MA health coverage.
Adults (ages 18+) Needed Medical Care but Could not Afford it in Past Year, by Type of Care (2008)

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>All</th>
<th>Has Health Insurance</th>
<th>Does not Have Health Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Kind of Care</td>
<td>46.0</td>
<td>7.1</td>
<td>5.1</td>
</tr>
<tr>
<td>Doctor's Appointment</td>
<td>34.8</td>
<td>2.8</td>
<td>1.2</td>
</tr>
<tr>
<td>Prescription Medications</td>
<td>24.2</td>
<td>2.6</td>
<td>1.5</td>
</tr>
<tr>
<td>Mental Health Care</td>
<td>0.9</td>
<td>0.9</td>
<td>0.6</td>
</tr>
<tr>
<td>Dental Care</td>
<td>6.3</td>
<td>5.7</td>
<td>4.6</td>
</tr>
</tbody>
</table>

SOURCE: SOMERVILLE 5-CITY BRFSS 2008; MA BRFSS 2008

Had a Regular Medical Checkup in Past Year, by Education and Income Levels (2008)

<table>
<thead>
<tr>
<th>Education</th>
<th>Income</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than High School</td>
<td>Less than $20,000</td>
<td>72.0</td>
</tr>
<tr>
<td>High School Graduate</td>
<td>$20,000 - $34,999</td>
<td>88.9</td>
</tr>
<tr>
<td>College (any)</td>
<td>$35,000 - $49,999</td>
<td>68.1</td>
</tr>
<tr>
<td>Less than High School</td>
<td>$50,000 - $74,999</td>
<td>72.0</td>
</tr>
<tr>
<td>High School Graduate</td>
<td>$75,000 or more</td>
<td>75.6</td>
</tr>
<tr>
<td>College (any)</td>
<td>$75,000 or more</td>
<td>71.8</td>
</tr>
</tbody>
</table>

SOURCE: SOMERVILLE 5-CITY BRFSS 2008

What If Someone Does Not Have Insurance Coverage?
The Health Safety Net is a program for Massachusetts residents who are not eligible for health insurance or cannot afford to buy it. To be eligible one must be uninsured or underinsured, with no access to affordable health coverage. People of any income with large medical bills that they cannot pay are also eligible. Citizenship or immigration status does not affect eligibility; however one must be a resident of Massachusetts.
The Well Being of Somerville Report 2011 • Leading Health Indicators • Access to Health Care

This report found that the interdependence of oral health and general health and well being is widely underestimated. In addition to a lack of awareness of the importance of oral health among the public, this report found a significant disparity between racial and socioeconomic groups in regards to oral health and ensuing overall health issues.
School-Based Dental Screening Results (2000-2004)

*Based upon 4,753 dental screenings conducted during the time period, mean age of students screened was 7.8 (±2.1) yrs

SOURCE: CHA DENTAL - SOMERVILLE SCHOOLS SCREENING PROGRAM

Children's Dental Status

The data available on children's dental status is limited, partially as dental screenings are not currently available in the schools due to loss of program funding. Earlier data indicated health disparities in dental health for young children (average age 7.8 years), with Spanish speaking children most impacted. Self-reporting of middle-school age youth indicate disparities by race in terms of reported access to annual dental visits.
• Immigrant service organizations such as the Haitian Coalition, Massachusetts Alliance of Portuguese Speakers (MAPS) and Community Action Agency of Somerville (CAAS) refer clients to health care providers.

• Health insurance enrollment support is available in four key languages at Somerville Hospital (Haitian Creole, Spanish, Portuguese & English) and community-based efforts are in the works to offer enrollment at agency-based sites.

• School nurses from the City of Somerville Health Department provide support and services in public school settings to assure students are ready to learn.

• Public Health Nurses work to assure residents of Somerville have access to services including vaccinations and management of reportable communicable diseases.

• CAAS hosts weekly representatives from the Department of Transitional Assistance who conduct intake for health care and food stamps. LIFT volunteers also provide supported access to social welfare through the Virtual Gateway, the access portal for state services.

• Teen Connection, part of Cambridge Health Alliance (CHA), provides teen friendly primary care, confidential reproductive health care, health education, and mental health services for youth age 24 and under.

• CHA provides local, comprehensive out-patient services and day surgery and 24/7 emergency care at Somerville Hospital, and has three Primary Care health centers including Somerville Pediatrics, Mental Health services and Occupational Health in the city.

• The Institute for Community Health (ICH) has developed training materials and data collection tools and facilitated a “community of practice” for sharing of these tools to support respectful collection of patient/participant self-identified race, ethnicity, and language crucial for tracking access, based on work with CHA. ICH partnered with the Massachusetts Department of Public Health and the Center for Community Health Research and Service to provide this training and technical support to health providers and community-based organizations across the state.

• Network Health, part of CHA, is one of the five insurance plans contracted with the state to provide care for Commonwealth Care populations at poverty or those between 100% and 300% of the federal poverty level.

• CHA maintains dental services, including Pediatric Dental Surgery, at Windsor Street Clinic in nearby Cambridge.

• Sharewood Clinic, organized by Tufts Medical students, provides services in Malden once a week for those needing a free clinic and will be providing dental care starting in 2011. Dental clinics at Boston area dental schools offer lower cost oral health care.
POLICY CONTEXT

In Massachusetts, the Act Providing Access to Affordable, Quality, Accountable Health Care of 2006, referred to as Health Insurance Reform, mandated MA residents to have a minimum level of health care coverage. The Commonwealth Health Insurance Connector Authority serves as a broker to cover residents earning less than 150% of the federal poverty level not covered by Mass Health and provides subsidies for those earning up to 300%. As of the end of 2010, it is estimated that 98% of MA residents have health insurance coverage.

In addition, the Massachusetts Act Improving the Quality of Health Care and Controlling Costs by Reforming Health Systems and Payments of 2011 sets in motion comprehensive payment reform with the establishment of accountable care organizations (ACOs) linking payment with quality measurements and health care cost reductions.

Federally, the Accountable Care Act of 2010 began in the spring of 2011. The intention of the Federal Act was to increase consumer protection, increase access to affordable care, improve quality of care, and lower costs.

Recommendations:

• Increase consistent access to health care for undocumented immigrants
• Identify needs and provide education on available health care options for low-income residents and undocumented immigrants
• Restore dental screenings for children
• Increase access to dental/oral health care for all residents
• Enhance citywide education on health insurance access and coverage, keeping current with frequent shifts in system due to policy and budget changes
• Increase training/professional development and funding for Community Health Workers
• Promote advocacy for Health Safety Net Coverage
Physical Activity & Nutrition

section two
Physical Activity & Nutrition

Regular physical activity and healthful eating habits can prevent or mitigate obesity and contribute to overall health.

Research also indicates that physical activity and nutrition behaviors are constructed socially—that is, they are learned through habits and routines and reinforced by one’s environment. There is a better chance of creating healthy habits when healthy choices are available and supported at home and in our community. For adults, regular physical activity can lower risk of coronary heart disease, stroke, Type II Diabetes, high blood pressure, breast & colon cancer and depression. In children and adolescents, it can improve bone health, cardiovascular and muscular fitness, decrease body fat, and even improve educational outcomes.

Connections with Chronic Stress

Research shows a very high correlation between high stress and obesity. Stress hormones create inflammation through the body, the accumulation of which can lead to physiological damage and cognitive decline as well as obesity, which is the precursor to a host of chronic illnesses, including cancer and heart disease. Addressing the connections between chronic stress and obesity will help us to shape programs which can mitigate chronic stress more effectively, and result in decreased levels of obesity and chronic disease.

Weight Status of 4th-8th Graders (2006-2007)

*Data based upon public school students

SOURCE: SOMERVILLE PUBLIC SCHOOLS, HEIGHT AND WEIGHT SURVEILLANCE
**Individual Changes vs. Population Shifts**

The Somerville weight status surveillance data that is currently available from 2005-06 and 2006-07 school years suggest that rates of overweight and obesity among 4th through 8th graders are stable. Obesity is more common among boys than girls in Somerville and more common among children who are eligible for free or reduced school lunch (an indicator of lower incomes). More in depth analysis of this data has shown that when tracking individual children over one year, significant positive changes in weight status are observed concurrent with community-based interventions, suggesting Shape Up Somerville policies and activities are having an impact. Between 2006 and 2007, for example, overall 8.5% of children dropped to a lower weight category compared with 5.5% moving into a higher weight category. More specifically - 12.3% of obese children and 21.6% of overweight children dropped to a lower weight status category, compared to 5.4% of healthy weight and 11.5% of overweight children who became overweight or obese.

**Emerging Trends in Early Childhood Obesity**

Emergent data from Cambridge Health Alliance pediatric patients aged 2-5 years (2010), show a disproportionately high number of Hispanic children (53%) are overweight or obese, as indicated by a Body Mass Index (BMI) greater than or equal to the 85th percentile. Approximately one-third of White and Black children of this cohort fall into the overweight or obese category as well. While these data are not entirely representative of all Somerville children age 2-5 years, this sample provided an indication of the challenges in obesity prevention efforts addressing the needs of young children across different cultural beliefs about weight, as well as race, ethnicity and socio-economic status.

**Weight Status of Adults, Age 18+ (2002 and 2008)**

<table>
<thead>
<tr>
<th>Weight Status</th>
<th>2002</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Weight (BMI less than 25)</td>
<td>55.1</td>
<td>52.4</td>
</tr>
<tr>
<td>Overweight (BMI 25 to less than 30)</td>
<td>29.7</td>
<td>30.1</td>
</tr>
<tr>
<td>Obese (BMI 30 or greater)</td>
<td>15.2</td>
<td>17.5</td>
</tr>
</tbody>
</table>

**Adult Status by Gender**

In Somerville in 2008, 19% of males and 16% of females were obese; 30% of males and 30% of females were overweight.
"Screen Time" of Middle and High School Students (2004-2010)

<table>
<thead>
<tr>
<th>Year</th>
<th>Has a TV in bedroom</th>
<th>3+ hrs TV, average school day</th>
<th>3+ hrs computer/video games, average school day</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004/2005</td>
<td>73.5</td>
<td>46.6</td>
<td>33.4</td>
</tr>
<tr>
<td>2006/2007</td>
<td>72.8</td>
<td>43.3</td>
<td>35.7</td>
</tr>
<tr>
<td>2008/2009</td>
<td>71.1</td>
<td>39.3</td>
<td>37.2</td>
</tr>
<tr>
<td>2010</td>
<td>70.2</td>
<td>37.3</td>
<td>41.2</td>
</tr>
</tbody>
</table>

*Somerville MS and HS Health Surveys are conducted alternating years; 2010 data is HS only

SOURCE: SOMERVILLE MS HEALTH SURVEY; SOMERVILLE HS HEALTH SURVEY

**TV Time For Youth and Adults**

Somerville High School students watched slightly more TV and played more computer/video games compared to overall state data (30.4% and 29.9% respectively; MA HS YRBS 2009). In general, boys were more likely to have higher “screen time” than girls (based upon all three indicators). Among Somerville adults (age 18+), TV viewing 3 or more hours/day has increased slightly from 25% in 2002 to 28% in 2008 (Somerville BRFSS 2002 & 2008).

**Generation M2: Media in the Lives of 8-18 Year Olds Report**

According to a 2010 study, the latest in a series of three reports by the Kaiser Family Foundation, youth are plugged in for over 7 1/2 hours a day and much of this is “media multi-tasking”. New devices and new technology have increased the access to entertainment and communication media for youth, making screen time rise even more. Other reports also indicate that youth feel compelled to be available 24/7, meaning that they are taking technology to bed with them in order to “be ready at any time”.

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The Well Being of Somerville Report 2011 • Leading Health Indicators • Physical Activity & Nutrition
New guidelines for moderate/vigorous activity include 60 minutes of moderate/vigorous activity each day including both muscle and bone strengthening activities for children age 6-17 years and 150 minute of moderately intense, 75 minutes of vigorously intense, or an equivalent mix of intensity each week with additional muscle strengthening exercise 2 days per week for adults age 18 years and older.

**Meeting Vigorous or Moderate Physical Activity Guidelines, by Age Group (2002-2010)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Middle School Students</th>
<th>High School Students</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>65.7%</td>
<td>54.3%</td>
<td>23.4%</td>
</tr>
<tr>
<td>2005</td>
<td>70.4%</td>
<td>21.4%</td>
<td>24.3%</td>
</tr>
<tr>
<td>2006</td>
<td>63.4%</td>
<td>58.8%</td>
<td>23.0%</td>
</tr>
<tr>
<td>2007</td>
<td>27.3%</td>
<td>58.0%</td>
<td>23.4%</td>
</tr>
<tr>
<td>2008</td>
<td>24.4%</td>
<td>23.0%</td>
<td>23.4%</td>
</tr>
<tr>
<td>2009</td>
<td>21.4%</td>
<td>23.0%</td>
<td>26.8%</td>
</tr>
<tr>
<td>2010</td>
<td>58.0%</td>
<td>23.4%</td>
<td>48.0%</td>
</tr>
</tbody>
</table>

*Somerville MS and HS Health Surveys are conducted alternating years

**SOURCE:** SOMERVILLE MS HEALTH SURVEY; SOMERVILLE HS HEALTH SURVEY; SOMERVILLE BRFSS 2002; SOMERVILLE 5-CITY BRFSS 2008

**Adults Exercising More**

Somerville adults have shown improvement in both vigorous and moderate physical activity over this period which coincides with increased emphasis on “active living by design”, or designing the city in ways which support increased physical activity.

**Walking to School**

The percentage of students walking to public schools in Somerville is significantly higher than the national average. From 2005-2009, 48% of middle school students reported walking to school and an average of 12% took the bus, requiring walking to the bus. Walk/Ride Days, a signature program of the Green Streets Initiative, has partnered with Shape Up Somerville and local businesses to promote more people of all ages walking, riding, or taking public transportation the last Friday of every month.
The Well Being of Somerville Report 2011 • Leading Health Indicators • Physical Activity & Nutrition

Vegetable Consumption in Middle and High School Students (2003-2010)

*Vegetables excluding potatoes, French fries, and potato chips
Somerville MS and HS Health Surveys are conducted alternating years

SOURCE: SOMERVILLE MS HEALTH SURVEY; SOMERVILLE HS HEALTH SURVEY

Fruit Consumption Up in Somerville
While vegetable consumption has remained relatively constant, consumption of fruit has increased over time. The proportion of students consuming 2 or more servings of fruit (prior day) increased from 39.2% in 2003/2004 to 46.9% in 2009/2010.

Sugar Sweetened Beverage Consumption in Middle and High School Students (2003-2010)

*Includes soda, punch, Kool-aid, and sports drinks
Somerville MS and HS Health Surveys are conducted alternating years

SOURCE: SOMERVILLE MS HEALTH SURVEY; SOMERVILLE HS HEALTH SURVEY

National Recommendations
Healthy People 2010 objectives call for increasing to 75% the proportion of persons aged ≥2 years who consume two or more servings of fruit daily and to 50% those who consume three or more servings of vegetables daily. Current data from the CDC indicates that nationwide, people of all ages are falling short of these goals. In May, 2011, the USDA replaced the former food pyramid image with a plate icon, recommending to “make half your plate fruits and vegetables”.

Vegetable Consumption in Middle and High School Students (2003-2010)
Sleep-an Elixir of Health?
The National Institutes of Health and other health groups recommend a range from nine to eleven hours of sleep for children, while surveys indicate most children are not getting this amount in the average 24 hour period. In addition, preliminary research in school aged children indicated that obese children had weekend sleep deprivation and varied sleep patterns. Children with such sleep patterns had metabolic outcomes more likely associated with greater health risks. These children were also less likely to “catch-up” on sleep over the weekends. Community campaigns focused on sleep have been recommended to support more regular and longer sleep patterns for children and families to improve health through preventing metabolic dysfunction and obesity.

Snacks and Sweets Consumption in Middle and High School Students (2003-2010)

*Snacks and sweets include french fries, potato/corn chips, cakes, cookies, candy, doughnuts
Somerville MS and HS Health Surveys are conducted alternating years

**SOURCE:** SOMERVILLE MS HEALTH SURVEY; SOMERVILLE HS HEALTH SURVEY

**Sweet Tooth Impact Decreasing**
Middle and High School student consumption of sugar-sweetened beverages or sweets and snacks is showing a steady decline since 2003.
STRENGTHS AND ASSETS

• Shape Up Somerville (SUS) Taskforce, chaired by the Mayor and coordinated by Somerville Health Department, works to develop policies and implement initiatives to support healthy active lifestyles for residents. SUS helped influence First Lady Michelle Obama’s Let’s Move initiative. Somerville is a leading site in the Robert Wood Johnson Foundation’s Healthy Kids, Healthy Communities national program. As a leading site, Somerville provides guidance to other communities to assist them in creating a healthier environment for children during out of school time with a focus on the most vulnerable populations.

• Support from Tufts University Friedman School of Nutrition Science and Policy, started with the initial Shape Up Somerville research work. Current community-based research on preventing obesity in new immigrant families in the Somerville area, the “Live Well” project partners with four community agencies.

• In 2011, Shape Up Somerville was named one of the Top 25 Innovations in Government by Harvard’s Kennedy School Ash Center for Democratic Governance and Innovation. Also, named a finalist for the Let’s Move Cities and Towns Award from the U.S. Department of Health and Human Services.

• Deep commitment to healthy eating and active living efforts and supporting policy changes in City government across Departments including Recreation, Parks, Transportation, and Economic Development.

• Shape Up Approved restaurant program, which has served as model for other cities.

• School Food Service Department nationally recognized by the USDA’s Healthier US Schools Challenge.


• City Comprehensive Plan that emphasizes public and active transportation.

• Broad array of community-based organizations that engage in healthy eating and active living activities as part of their mission.

• History of successful funding and community-wide commitment to collaboratively seeking support for healthy eating and active living efforts.

• Institute for Community Health as long term evaluation partner with published articles in peer reviewed publications (links available in electronic version).

• CHA has identified Obesity Prevention as a Quality Management dashboard indicator for public health.

• Collaborative research on food insecurity issues and opportunities.

• Local cable access station, SCATV, has regularly featured healthy eating/active living themes through featured documentaries and youth media programming.

• Community culture that supports local food with two farmers markets, a new winter market as of 2011, numerous Community Supported Agriculture options, community gardens and an active cadre of gardeners.

• Several food access and food insecurity collaborative initiatives are developing.
POLICY CONTEXT

On the local level, Somerville has in place: a School Wellness Policy, a Farm to School ordinance to improve local food purchasing, an established Bicycle Access and Parking Zoning Code to ensure bicycle parking in new development, pedestrian and transit oriented development in city squares and re-zoning plans, and has increased enforcement of snow clearance policies to maintain safe pedestrian access year round.

State wide, MA has established a Food Policy Council, passed Child and School Nutrition legislation, updated requirements for physical activity and nutrition in child and day care centers and now requires schools to collect and report BMI data for 1st, 4th, 7th and 10th graders in public schools. The MA Public Health Association launched the “ActFRESH Campaign” in 2011. The state wide campaign is focused on strengthening policies to improve access to healthy, affordable food and physical activity.

On the national front, the Healthy, Hunger-Free Kids Act of 2010 Child Nutrition Reauthorization raises the bar for healthy food for children and the 2013 Farm Bill Reauthorization process will be an upcoming opportunity for impacting food system issues.

Recommendations:

- Increase food access and food security interventions
- Support early childhood healthy eating/active living initiative
- Deepen cultural relevance of healthy eating and active living options
- Reconvene School Wellness Committee and expand the minutes of physical activity before, during and after school
- Continue to develop connections between land use planning, built environment and physical activity and healthy eating opportunities
Tobacco

Tobacco use is directly related to chronic diseases such as emphysema, cancer and heart disease as well as low birth weight, infant death and premature birth.

Direct use is not the only way to expose oneself to the dangers of tobacco use. Second-hand smoke causes heart disease and lung cancer in adults. In children, second-hand smoke can cause asthma, respiratory infections, ear infections and Sudden Infant Death Syndrome (SIDS). Recently, research on third-hand smoke, the smoke contamination that remains after a cigarette has been extinguished, revealed that it is also extraordinarily toxic, especially for children. Tobacco use is not only limited to smoking cigarettes. Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums. Tobacco use is the single most preventable cause of death and disease in the United States. Preventing its use has a positive ripple effect on the health of everyone.

Massachusetts Tobacco Cessation & Prevention Program (MTCP) implements a toll-free information and complaint line to monitor the Smoke-free Workplace Law. Complaints can be filed by contacting the City of Somerville Health Department or the Massachusetts Department of Public Health.

MORE INFORMATION

Smokeless tobacco products are no less harmful than smoking. They contain many of the same carcinogens that cigarettes do and contribute to other noncancerous oral conditions.

**Race and Gender–Specific Tobacco Use**

Cigarette use was higher among White Students (19%) and girls (15%), cigar use was higher among White students (15%), and chewing tobacco/snuff use was higher among boys (4%). Among Middle School students, 5.4% reported current use of cigarettes (Somerville MS Survey 2009). Approximately one third of Middle Schools students (2009) and High School students (2010) report that someone in their household smokes cigarettes, cigars, or a pipe.
### Why Does Tobacco Use Often Co-exist with Substance Abuse or Mental illness?

The high prevalence of comorbidity between tobacco use and drug abuse and other mental illnesses does not mean that one causes the other. Some of the possible connections include: some drugs can cause symptoms of mental illness, drugs may be used as a form of self-medication for persons with mental illness, and factors that lead to both drug use disorders and other mental illnesses can be caused by overlapping factors such as genetic vulnerabilities and/or early exposure to stress or trauma.

### Smoking Rates Decrease

Between 2002 and 2008, the overall rate of current smoking decreased from 17% to 14%. One of the Healthy People 2010 goals was to decrease the rate of current smoking to 12%. Over 50% of Somerville adults identified as former smokers had reported quitting in the prior 1 to 3 years.

### Incidence of Lung-cancer in Somerville

The rate of lung cancer per 100,000 individuals in Somerville is higher among men then women (101.3 vs. 62.4), with Somerville men having higher incidence than Massachusetts men overall (101.3 vs. 86.1). Lung cancer mortality (rates per 100,000 individuals) for women and men in Somerville are very similar to the rates for the state.
STRENGTHS AND ASSETS

- The Six City Tobacco Control Collaborative (The Collaborative) is a joint project of the health departments of Cambridge, Chelsea, Everett, Revere, Winthrop and Somerville, housed in the Somerville Health Department through Massachusetts Department of Public Health funding. The primary goal is to develop and promote local tobacco control policies and to enforce these in all six cities it serves.

- The Collaborative educates tobacco retailers, worksites, restaurant, schools, other public places, and the general public about local and state laws, regulations, and ordinances through activities such as regular compliance checks of retailers and educational workshops including “Saying No to Secondhand Smoke” and “Tobacco Advertising: Truth & Consequences.”

- Somerville has an 84 Movement Chapter at the Somerville High School, sponsored by the Teen Advisory Board of the Teen Connection. The 84 Movement is a social norms campaign aimed at celebrating the fact that 84% of Massachusetts youth are not regular smokers and to push that number even higher.

- Community Affairs at Cambridge Health Alliance has developed smoking cessation programs called “Quit for Life” that are proving successful with helping long term patients who are smokers to quit.

POLICY CONTEXT

Massachusetts Smoking Bans and Local Ordinances Effective July 1, 2004, Massachusetts Legislature banned smoking in all enclosed public places and workplaces, including restaurants and bars. In December 2008, legislation in the city of Boston dictated that tobacco products were no longer able to be sold in pharmacies and stores having pharmacies within. Several Massachusetts cities have followed suit including Needham, Uxbridge, Newton, Everett, and Southborough.
**Recommendations:**

- Strengthen the Six City Collaborative education efforts
- Investigate local legislation limiting pharmacy sales of tobacco products
- Include smokeless tobacco products in tobacco-use prevention
- Expand tobacco-free zones in the city
- Increase access to information on smoking cessation resources
- Increase availability of tobacco cessation programs
Substance Abuse
section four
Substance Abuse

Substance abuse has a major impact on individuals, families, and communities.

These effects are cumulative, significantly contributing to costly social, physical, mental, and public health problems, including: teenage pregnancy, domestic violence, child abuse, motor vehicle accidents, crime, homicide and suicide. Substance abuse refers to a set of related conditions associated with the consumption of mind and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues.

Compulsive Gambling and Substance Abuse

Compulsive gambling shares many characteristics with substance abuse, including: preoccupation with the activity, its use to escape pain or uncomfortable feelings, intense cravings, need to increase the amount (of money spent gambling) over time to achieve the desired effect, and inability to stop despite negative consequences. In Massachusetts, the Bureau of Substance Abuse Services (BSAS) oversees the substance abuse and gambling prevention and treatment services in the Commonwealth. For more information on treatment/intervention options, visit: http://www.masscompulsivegambling.org.

Trends by Language

High School students who reported speaking English at home were more likely than those who reported speaking a language other than English at home to report alcohol use during the prior 30 days (40.1% vs. 26.5%), marijuana use during the prior 30 days (27.7% vs. 11.9%), and ever sniffing/breathing fumes to get high (8.8% vs. 6.6%).
**Drinking and Driving**

In 2010, 18.2% of high school girls, and 13.5% of high school boys reported having ridden in a car with someone who had been drinking alcohol (during prior 30 days). The proportion of high school students reporting they actually drove a vehicle when they had been drinking alcohol (during prior 30 days) was 2.7% in 2010. This statistic decreased from 5.8% in 2004.

**Substance Use in Middle School Students (2005-2009)**

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2007</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Use, Past 30 Days</td>
<td>13.4</td>
<td>17.7</td>
<td></td>
</tr>
<tr>
<td>Marijuana, Past 30 Days</td>
<td>9.2</td>
<td>7.1</td>
<td>8.0</td>
</tr>
<tr>
<td>Sniffing/Breathing Fumes to Get High, Ever</td>
<td>8.5</td>
<td>5.6</td>
<td>8.5</td>
</tr>
<tr>
<td>Ecstasy, Ever</td>
<td>1.2</td>
<td>1.2</td>
<td>0.7</td>
</tr>
<tr>
<td>Cocaine, Ever</td>
<td>0.8</td>
<td>0.8</td>
<td>0.4</td>
</tr>
<tr>
<td>Oxycontin w/o Rx, Ever</td>
<td>0.8</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Other Types of Illegal Drugs, Ever</td>
<td>2.0</td>
<td>1.4</td>
<td>0.7</td>
</tr>
</tbody>
</table>

**Results by Gender and Race/Ethnicity**

In 2009, Middle School girls were more likely than boys to report alcohol use during the prior 30 days (11.2% vs. 7.2%), marijuana use during the prior 30 days (4.8% vs. 3.0%) and ever sniffing/breathing fumes to get high (6.4% vs. 4.6%). In 2009, Middle School students who identified as Black/African American were most likely to report alcohol use during the prior 30 days (9.7%); those who identified as White were most likely to report marijuana use during the prior 30 days (5.6%); and Hispanic/Latino students were the most likely to report ever sniffing/breathing fumes to get high (8.8%).

**Substance Abuse in Schools**

In 2010, 9.5% of Somerville High School students reported attending class within one hour of using alcohol, marijuana or other drugs during the past 30 days (3.0% of Somerville Middle School students in 2009). In 2010, 21.6% of Somerville High School students reported having been offered, sold, or given any illegal drug on school property during the prior 12 months (26.1% of Massachusetts High School students and 5.2% of Somerville Middle School Students in 2009). (Somerville MS Survey, 2009).
What is Binge Drinking?
According to the National Institute on Alcohol Abuse and Alcoholism, binge drinking is defined as a pattern of drinking that brings a person’s blood alcohol concentration (BAC) to 0.08 grams percent or above and is associated with many health problems. This typically happens when adult men consume 5 or more drinks, and when adult women consume 4 or more drinks, in about 2 hours.

Substance Abuse and Children
Children from families with substance-abusing parents are more likely to have problems with delinquency, poor school performance, and emotional difficulties than their peers from homes without substance abuse.
**Drug-Related and Alcohol-Related Arrests by Age (2008 and 2009)**

<table>
<thead>
<tr>
<th>Drug-Related Arrests</th>
<th>10-19 yrs</th>
<th>20-29 yrs</th>
<th>30-39 yrs</th>
<th>40-49 yrs</th>
<th>50+ yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>32</td>
<td>18</td>
<td>35</td>
<td>27</td>
<td>6</td>
</tr>
<tr>
<td>2009</td>
<td>64</td>
<td>58</td>
<td>21</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alcohol-Related Arrests</th>
<th>10-19 yrs</th>
<th>20-29 yrs</th>
<th>30-39 yrs</th>
<th>40-49 yrs</th>
<th>50+ yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>8</td>
<td>5</td>
<td>15</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>2009</td>
<td>28</td>
<td>14</td>
<td>10</td>
<td>5</td>
<td>8</td>
</tr>
</tbody>
</table>

**SOURCE: SOMERVILLE POLICE DEPARTMENT**

**Substance Use and Abuse in Adults (age 18+)**

<table>
<thead>
<tr>
<th>Substance Use and Abuse</th>
<th>Less than $20,000</th>
<th>$20,000-$34,999</th>
<th>$35,000-$49,999</th>
<th>$50,000-$74,999</th>
<th>$75,000 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge Drinking, Prior 30 Days</td>
<td>6.3%</td>
<td>23.3%</td>
<td>26.2%</td>
<td>24.8%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Marijuana, Prior 30 Days</td>
<td>4.5%</td>
<td>6.7%</td>
<td>8.8%</td>
<td>7.3%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Cocaine, Heroin, Methamphetamine, or Hallucinogens, Ever</td>
<td>9.8%</td>
<td>11.1%</td>
<td>20.4%</td>
<td>19.9%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Sedatives or Tranquilizers w/o Rx, Ever</td>
<td>3.1%</td>
<td>2.8%</td>
<td>4.3%</td>
<td>3.9%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Painkillers w/o Rx, Ever</td>
<td>10.1%</td>
<td>5.2%</td>
<td>1.0%</td>
<td>3.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

**SOURCE: SOMERVILLE 5-CITY BRFSS 2008**

**By Gender or Language Spoken at Home**

Adult males in Somerville were more likely than females to report all six indicators of substance abuse, as well as adults who spoke English at home (52.0% vs. 32.4% of adults who spoke a language other than English at home). White, non-Hispanic adults were more likely than all other non-White and/or Hispanic adults to report marijuana use, ever (54.2% vs. 27.9%), marijuana use during the prior 30 days (6.6% vs. 3.3%), and cocaine, heroine, methamphetamine, or hallucinogens, ever (16.7% vs. 9.4%). However White, non-Hispanic adults were less likely to report ever using sedatives or tranquilizers without a prescription (2.4% vs. 4.7%) or painkillers without a prescription, ever (3.0% vs. 6.4%).

**Illicit Drug Use Among Older Adults**

A 2010 study by the Substance Abuse and Mental Health Services Administration (SAMHSA) explored trends in Americans over 50. During the past year, an estimated 4.7% of people over 50 have used an illegal drug (4.3 million). Men over 50 were more likely to be using all types of drugs. But women, particularly those between 60 and 64 years were reported to have higher rates of non-medical use of prescription drugs, largely for self-medicating. These trends indicate the possible future need for more substance abuse treatment options to address the aging baby boomer needs.
Early Drug Use
Nearly half (48.8%) of all adults who reported ever using drugs first started using them between the ages of 15 and 18 years.

Coping with Youth Suicide and Overdose
Between 2000 and 2005 there were a large number of overdoses and suicides in Somerville youth, sparking a community effort to investigate, intervene and contain contagion. Leadership from the Mayor, a community coalition-Somerville Cares About Prevention and the Institute of Community Health helped to inform and support committed community agencies and activists. Community responses included developing a community-based trauma response team, prevention trainings for community stakeholders, improved media relations and focus groups for survivors.
Increases in Emergency Department Rates

Between 2002 and 2008, the age-specific rate of emergency visits related to alcohol and substance abuse per 100,000 increased steadily from 643 in 2002 to 829 in 2008 in Somerville, reflecting a higher rate than Massachusetts overall, which showed a similar increase (581 in 2002 to 768 in 2008). The age-specific rate of opioid-related emergency visits increased steadily (from 118 to 250 per 100,000) between 2002 and 2008 in Somerville. In Massachusetts, this rate increased less dramatically from 154 to 212 during the same time. In 2008, the age-specific rate of opioid-related fatal overdoses was 6.2 per 100,000 in Somerville compared to 9.0 in Massachusetts. (Massachusetts Division of Health Care Finance and Policy Uniform Hospital Discharge Dataset System; Registry of Vital Records and Statistics, Bureau of Health Statistics, Research and Evaluation).

Middle School Prevention/Intervention

The proportion of Middle School students who reported receiving in-school instruction on the risks involved with smoking, tobacco-use and drug use and ways to handle peer pressure decreased dramatically between 2003 and 2009. (Source: Somerville Middle School Surveys 2003, 2005, 2007, 2009). This coincides with the loss of contracts to provide such services and a subsequent district wide review, resulting in the selection and recent implementation of Second Step as a social competency curriculum K-8 district wide, which focuses on healthy positive decisions related to bullying, peer pressure, and substance abuse.
STRENGTHS AND ASSETS

- Somerville Cares about Prevention (SCAP) is supported by the Somerville Health Department, under the Office of Prevention. The Coalition works with parents, schools, community organizations and retailers to implement strategies to change the norms surrounding substance abuse and applies the principle of “multiple strategies in multiple settings.”
- Somerville Public Schools participate in an annual Youth Risk Behavior Survey, alternating between the High School and Middle Schools, which is organized, managed, and largely funded by SCAP.
- Alcohol Compliance checks are carried out through collaboration of SCAP, Somerville Licensing Commission and Police Department involving youth.
- SCAP is a member of the only recovery advocacy group in the state, Massachusetts Organization on Addiction and Recovery (MOAR) and Supporting an Alcohol Advertisement Free Massachusetts (SAFE-MA), working statewide to restrict alcohol advertising.
- Somerville has a ban on alcohol advertisements on billboards.
- Somerville Health Department monitors fatal and non-fatal incidents involving substances through overdose and suicide data surveillance.
- Youth and/or family treatment services are provided by CASPAR, the Family Center, Cambridge Health Alliance (CHA), Somerville Mental Health/Riverside.
- SCAP’s youth program, Somerville Positive Forces 100% (SPF100), is for high school students and SPF Junior for middle school students to promote awareness of underage drinking, and promote positive factors.
- SCAP promotes a parent training program, Guiding Good Choices, focused on discussing different tactics for talking to youth about destructive decisions.
- The Regional Center for Healthy Communities (Metrowest) promotes regional partnerships and collaborations in 60 communities, including Somerville, to promote health and reduce the use and risks associated with alcohol and other drugs. They also provide technical assistance and participate actively with the Somerville Cares About Prevention Coalition. In addition, capacity building trainings are offered through the year and a library in Central Square is available to inform and support local prevention efforts.
- Outpatient Addiction Services (intensive outpatient program, outpatient groups, and DUI Second Offender Program) are located at CHA’s Central Street location. The Opioid Addiction and Family Project Study is also located at Central Street.
- New Day is a CASPAR residential program for pregnant and parenting women with substance abuse issues and their newborns. CASPAR also has a wet shelter in Cambridge.
- North Charles Institute for the Addictions (NCIA) runs a licensed and accredited opioid treatment program.
POLICY CONTEXT

Proposed Legislation HB 1113: An Act Prohibiting Alcohol Advertising on Commonwealth Property, introduced by Representative Martin J. Walsh, is endorsed by Supporting an Alcohol Advertisement Free Massachusetts (SAFE-MA). HB 1113 would ensure a complete ban on alcohol advertising on public property in Massachusetts in an attempt to reduce youth drinking and related harmful behavior through exposure to ads promoting alcohol.

Question 2: Decriminalizing Marijuana In 2009, Massachusetts became the 13th state in the U.S. to decriminalize the personal possession and use of marijuana. 65% of voters chose to support the effort, which reduces minor marijuana possession to a fine-only offense.

Recommendations:

- Advocate for increased funding for prevention work in Somerville
- Expand substance abuse education curriculum within schools
- Training youth, teachers and youth workers on red flags of substance abuse
- Expand education on the effects of selling alcohol to minors
- Increased support for families coping with substance abuse
- Investigate and stay alert to potential for rising substance abuse in older residents
- Ordinance requiring ID checks for anyone purchasing alcohol
- Help identify and refer students to the MA Regional Recovery Schools
Mental Health

Mental health is more than the absence of mental illness. It includes our ability to be resilient to adversity, balance work and leisure, and form healthy relationships with others.

Mental health is essential to our well being and our ability to be contributing members of our community. Mental illnesses can be more disabling than many chronic physical illnesses and are among the most common causes of disability, yet two thirds of individuals with a treatable mental illness do not seek treatment. The resulting disease burden of mental illness is among the highest of all diseases. But most mental health issues are not obvious: chronic stress and anxiety are extremely prevalent and can be no less debilitating. Recent research shows that stress, and chronic stress in particular, can lead to inflammatory processes in the body and may be linked not only to poor health outcomes, but also to premature death. The links between mental health and overall health are inextricable.

Between 2000-2005, Somerville experienced a number of youth overdose and suicides, losing 21 young people during that time. In response, the community mobilized. Since then, not one youth suicide or lethal youth overdoses has taken place. Widespread drug abuse and lack of information around mental health was found to be a significant factor in the spike in suicides. In 2009, the Mayor’s Office renewed the City’s commitment to this issue by creating, within the Somerville Health Department, the Committee on Suicide Prevention and Mental Health (CSPMH) to continue prevention efforts. In 2009, this Committee launched a campaign called “Making Connections.” The goals of the campaign are to reduce stigma and increase literacy around mental health issues in an effort to promote positive mental health.

How Do Stigma and Resilience Affect Mental Health?

Stigma refers to negative attitudes and beliefs that motivate the general public to discriminate against people with mental illness. Resilience refers to personal and community qualities that enable us to rebound from adversity, trauma, or other stresses and to go on with life with a sense of mastery, competence, and hope. People with mental illness may internalize these public attitudes and become so embarrassed or ashamed that they may conceal symptoms and fail to seek treatment. Stigma can be addressed by educating the public and supporting resilience. Research shows that resilience is fostered by a positive childhood and includes traits such as optimism and good problem-solving skills. Close communities and neighborhoods can support resilience by providing supports for their members.
Racial and Gender-based Differences

In 2010, Somerville High School girls were more likely than boys to report each of the indicators described above. Depression was higher among Hispanic students (30.8%) and those of ‘Other’ race (30.7%). Seriously considering suicide was higher among those of ‘Other’ race (14.3%) but lower among Hispanic students (7.4%). Attempted suicide ranged from a low of 3% among white students to a high of 6.1% among those of ‘Other’ race. The downward trend over time for the suicidal indicators was similar among middle school students (2005-2009).

Social Supports

In 2010, 79.2% of Somerville High School students reported they had a parent, adult family member, or other adult outside of school to talk to about important issues, while 56.9% of high school students report they had an in-school teacher or adult to talk to. Both measures were similar by gender but slightly higher for White students than other groups.
The overall rate of depressed mood was slightly higher in Somerville than the 5 City Region, which includes Cambridge, Somerville, Everett, Revere, and Chelsea (5 City BRFSS, 2008). According to a 10-year study of suicide attempts conducted by the Somerville Police Department, the number of attempts almost doubled from 53 in 2000 to a high of 100 in 2009. Fortunately, these numbers appear to be decreasing with only 66 in 2010. This does not include 911 call data from 2010 that reported an additional 32 attempts.

Educational Attainment and Depression

Similar to the trend shown with household income, adults with less than a high school education were more likely to report depressed mood on most/all days (6.8%) than those with higher levels of education (3.8% for high school completion and 1.4% for college graduate or beyond).

Mental Health-Related Visits to Emergency Departments (2002-2008)

Source: Massachusetts Division of Health Care Finance and Policy Uniform Hospital Discharge Dataset System, MDPH
Mental Health-related Hospitalizations and Mortality

Mental health-related inpatient hospitalizations have decreased slightly between 2002 and 2008, from 2,699 visits to 2,583 visits, for Somerville, while the rate has increased in MA overall. The mental disorder mortality rate has remained fairly stable between 2002 and 2008 in Somerville, representing 23 individual deaths in 2002 and 26 in 2008 (source: MA Registry of Vital Records).

Somerville Responds to Suicide Contagion

The risk for imitation or contagion appears highest in adolescence. Suicide contagion is defined as “a process by which exposure to the suicide or suicide behavior of one or more persons influences others to commit or attempt suicide.” When numbers of suicides in Somerville rose in the early millennium, suggesting contagion, the City led a successful movement to combat the problem. “Coping with Youth Suicide and Overdose: One Community’s Efforts to Investigate, Intervene, and Prevent Suicide Contagion,” a 2008 article in CRISIS: The Journal of Crisis Intervention and Suicide Prevention, detailed Somerville’s efforts.

Worry and Anxiety among High School Students in the Prior Month (2010)

- School Issues: 50.3% (Girls), 71.1% (Boys)
- Social Issues: 24.8% (Girls), 37.1% (Boys)
- Appearance Issues: 42.4% (Girls), 25.9% (Boys)
- Family Issues: 40.0% (Girls), 24.2% (Boys)
- Gangs in Community: 5.7% (Girls), 8.2% (Boys)
- Could not cope with all of the things you had to do+: 13.9% (Girls), 22.7% (Boys)
- Angered because of things that were outside of control+: 31.3% (Girls), 22.3% (Boys)

* Worried about this issue ‘fairly often’ or ‘very often’
+ Felt this way ‘fairly often’ or ‘very often’

SOURCE: SOMERVILLE HS HEALTH SURVEY 2010

Racial Differences

In 2010, worries about school and appearance issues were similar among all racial/ethnic groups. Worry about social issues was lower among Black high school students (17.2%) and worry about family issues was higher among Hispanic high school students (36.2%).
STRENGTHS AND ASSETS

• The City has prioritized a focus on health and wellness through programming from the Somerville Health Department (SHD), the Recreation/Youth Program, Council on Aging and the Public School Department.
• Somerville Committee on Suicide Prevention and Mental Health meets monthly and sponsored the Making Connections campaign, including multiple workshops and a three-month exhibit of Art on Emotion at Somerville Museum.
• Trauma Response Network (TRN) trains community members to provide compassionate care in response to community needs and meets quarterly. Initially set up in the wake of an unprecedented number of suicides and overdoses in the early 2000, this group developed district-wide trauma protocols in 2007. SHD staff coordinate this network, which mobilized after the 2010 earthquake in Haiti to support the local Haitian community.
• QPR (Question, Persuade, Refer) training was offered to community members, police and TRN members in 2009.
• Mental Health First Aid training program started in 2010, under coordination of Somerville Cares About Prevention (SCAP), of the SHD, with evaluation and recruitment support from the Somerville Community Health Agenda.
• Monthly meeting and listserv for Somerville Youth Workers Network which provides a forum for youth workers to network with City resources and officials to address opportunities as well as potential concerns that are impacting youth. This provides a system to identify needs and improve delivery and integration of youth programming throughout Somerville.
• The Somerville Public School District selected Second Step as a social competency and violence prevention curriculum for K-8th grades and is exploring a high school curriculum.
• The School Department’s Early Childhood Education Center has developed multilingual brochures to highlight and provide information on the importance of emotional health in a child’s overall competency and success.
• The Somerville Community Health Agenda of the Cambridge Health Alliance (CHA) functions as a conduit to link and promote collaborations amongst community groups, agencies and programs to provide further outreach and develop programming that supports both mental and physical health with a focus on reducing disparities in health care.
• Mental health clinics have been developed at CHA to serve specific linguistic and cultural populations (Haitian, Portuguese, Latino).
• Regional and state partners such as National Alliance on Mental Illness (NAMI) and Suicide Prevention groups.
### Policy Context

**Children’s Mental Health MA Legislation** Governor Patrick signed the passage of an act relative to children’s mental health in September 2008. The bill became known as “Yolanda’s Law,” named after a young teen that was a strong advocate for improved services for children and youth, yet lost her own struggle to mental illness. The legislation to improve children’s behavior health expands requirements for early screening and treatment options for children through the Department of Early Education and Care as well as creating a taskforce to address capacity of public schools in addressing behavioral health issues.

### Recommendations:

- Establish multilingual referral system to address challenges of access to mental health resources and to support and assist in navigating limited resources
- Improve integration of mental health services among early childhood, school-based and community agency providers
- Identify and better utilize mental health resources in community
- Continue anti-stigma community education campaign
- Increase access to Mental Health First Aid Training
- Strengthen supports for recent immigrants and people in transition
- Include mental health information at health fairs
- Partner with school nurses/truancy officers to collect data and develop early intervention tools
- Broaden reach of Second Step social competency program (currently available for K-8th grade) and offer trainings to parents and youth workers, exploring the extension of a similar program to the Somerville High School
- Enhance school-community partnerships through consistent school personnel attendance at monthly Youth Workers Network meetings
- Improve suicide attempt and mental health crisis surveillance tracking thru 911 calls, Police and hospital admissions
- Develop integrated data sharing system amongst community, city and school groups to target needs; increase collaborations and identify resources
Reproductive & Sexual Health

section six
Reproductive & Sexual Health

Reproductive and sexual health covers issues of conception/contraception, pregnancy, female and male reproductive systems, and the infections that can affect one's ability to engage in sexual activity or to have children.

Reproductive and sexual health are closely linked to maternal and child health outcomes. Family planning, medical care, and prevention and treatment of Sexually Transmitted Infections (STIs) are essential to maintaining reproductive and sexual health.

STI is the term that is more recently being used to refer to sexually transmitted diseases, as it has a broader meaning as one can be infected without showing signs of disease. More than 25 infections that are transmitted primarily through sexual activity are referred to as STIs. Some can be acquired in other ways; for example, the Human Immunodeficiency Virus (HIV) can also be spread via breast feeding or needle sharing. Untreated STIs can lead to serious long-term health consequences and complications, especially for young women and women considering pregnancy.

Safe motherhood begins before conception. Before pregnancy, women require regular access to gynecological and other medical care in order to maintain their health. Maternal and child health includes access to prenatal and postnatal care. Unintended pregnancies are linked to increased maternal morbidity and to behaviors associated with adverse effects on a fetus. Adolescents are at high risk for unintended pregnancy, and research has found long-term social and economic costs associated with teenage childbearing.

Sexual health is not limited to protection from STIs or pregnancy that is not healthy or not intended. It is also linked to sexuality, intimate relationships and gender expression. Lesbian, gay, bisexual and transgender (LGBT) individuals come from a variety of backgrounds, including all races and ethnicities, religions, and social classes. Research suggests that LGBT individuals face health disparities linked to societal stigma.

Other Relevant Chapters
Sexual and intimate partner violence pose serious threats to sexual health; they are discussed in the “Violence” chapter of this report.

What Does LGBT mean?
The letters LGBT are an abbreviated way of referring to lesbian, gay, bisexual, and transgender individuals. Sometimes “Q” is added to include people questioning their sexual orientation, or for those who feel that other categories are too limiting to their gender expression (in which case it stands for Queer). Transgender is a broad term describing a person’s identification with a gender other than the one society expects of them based on their sex at birth. Some transgender individuals choose surgical/medical procedures to physically change gender, but not all individuals chose to identify as exclusively male or female.
**What Is HPV?**

Human Papillomavirus (HPV) includes many strains of a virus that can lead to genital warts or cancer, particularly cervical cancer. Many people carry HPV with no symptoms. Regular gynecological visits and STI screenings can aid in early detection and treatment. Vaccinations that protect against four common strands of HPV are available for boys and girls as young as age 12. Doctors suggest vaccinating children at this age in order to protect them before they become sexually active.

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**Chlamydia and Hepatitis C Increase**

Steady increases in Chlamydia are evident both locally and state-wide, though Somerville rates rose steeply in 2007 and remained high in 2008. Statewide incidence of Hepatitis C decreased between 2002 and 2007, but Somerville’s incidence of Hepatitis C increased dramatically between 2006 and 2007, with some decline in 2008 though still higher than the state levels.

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**HIV/AIDS Prevalence Rate**

Somerville’s HIV/AIDS prevalence rate (all existing cases) rose from 324 per 100,000 in 2002 to 418 per 100,000 in 2007. In contrast, the Massachusetts prevalence rate rose only slightly from 229 per 100,000 to 269 per 100,000 during the same time period.
Sharp Increases in Sexual Activity

Overall, High School students are far more likely to report sexual intercourse compared to Middle School students. In 2009/2010, when examined by grade level, the largest increase in the proportion of students reporting experience of sexual intercourse occurred between 7th and 8th grades where the increase was nearly three-fold (from 7.9% to 23.2%). A second increase was observed between 10th and 11th grades (from 42.5% to 56.4%).

By Gender and Ethnicity

In 2010, High School boys were more likely than girls to report sexual intercourse during their lifetime (50.7% vs. 45.4%). Asians/Pacific Islanders were the least likely racial/ethnic group to report sexual intercourse during their lifetime (22.4% vs. range of 45.0-58.0% among the other racial/ethnic groups) while Hispanics/Latinos were the most likely racial/ethnic group to report sexual intercourse during their lifetime (58.0%).
Sexual Risk Indicators Among Sexually Active High School Students (2002-2010)

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<td>27.5</td>
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</tr>
</tbody>
</table>

*Sexually active defined as reporting ever had sexual intercourse
'Condom used' and 'Alcohol or Drugs used' data were not available for 2002

SOURCE: SOMERVILLE HS HEALTH SURVEY

Reported Behaviors of High School Boys

In 2010, High School boys were more likely than girls to report alcohol or drugs used during last intercourse (16.0% vs. 12.1%), four or more partners during their lifetime (33.3% vs. 25.2%), and sexual intercourse before age 14 (32.9% vs. 16.2%).

Trends by Ethnicity

Asians/Pacific Islanders were the least likely racial/ethnic group to report sexual risk behaviors. Students who identified themselves as Black were the most likely racial/ethnic group to report four or more partners during their lifetime (40.0% vs. range of 13.0-36.1% among the other racial/ethnic groups) and sexual intercourse before the age of 14 (34.5% vs. range of 13.0-26.7% among the other racial/ethnic groups).
Method used to Prevent Pregnancy during Last Intercourse, Among Sexually Active High School Students (2010)

*Sexually active defined by reporting ever had sexual intercourse

**Source:** Somerville HS Health Survey

**Gender Differences**
The full question reads: “If you have had sexual intercourse, what ONE method did you or your partner use to PREVENT PREGNANCY the last time you had sexual intercourse?” Girls were more likely to note birth control pills (35.2%) while boys were more likely to note condoms (67.1%).

**Trends in Education**
Among Somerville Middle School students, since 2005, there has been a downward trend in the proportion reporting having been taught about AIDS or HIV infection in School. (Source: Somerville MS Surveys 2005, 2007, 2009)
Other Indicators of Sexual Behavior
Among High School Students (2002-2010)

Gender and Risk of Sexual Violence
In 2010, High School girls were approximately 3 times more likely than boys to report experiencing sexual contact with someone against their will (13% vs. 4%). This is similar to previous years’ trends.

Trends by Language Spoken at Home
Students who spoke English at home were slightly more likely that those who speak something other than English at home to report having been pregnant or gotten someone pregnant and having had a sexually transmitted disease. However, they were much more likely (9.7% vs. 6.6%) to report having had sexual contact with someone against their will.
The Centers for Disease Control and other public health researchers have found significant racial and ethnic disparities in maternal and child health outcomes. These differences are likely linked to a variety of factors, including income, chronic stress and environment.

**Births to Teen Mothers**

In 2007, there were 24 births to teen mothers in Somerville (ages 15-19); in 2008, there were 33. This increase is in contrast to a continued drop in teen births for the state (MA Birth Report, 2008).

**Adequate Prenatal Care Received, by Race**

*Based upon the Kotelchuck scale (adequate=care begun by month 4 and 80% or more of the expected visits were received)*

**Infant Mortality**

In 2008, Somerville's infant mortality rate was 4.2 per 1,000 live births, compared to the statewide infant mortality rate of 5.0 per 1,000 live births. (Registry of Vital Records and Statistics).
**Why is Breastfeeding Important?**

The health benefits of breastfeeding include increased infant protection from infections and illnesses, decreased risk of breast and ovarian cancers for mothers and decreased risk of obesity in children who are breastfed for at least six months. The Centers for Disease Control cite that economic benefits include a savings of between $1,200 and $1,500 on infant formula in the first year alone.

**Increases in Breastfeeding**

The percentage of Somerville mothers intending or initiating breastfeeding at time of birth has risen since 2002, for an overall rate of 90.7% in 2008 which is higher than the state average of about 79.3% in 2008.
STRENGTHS AND ASSETS

- Cambridge Health Alliance (CHA) operates the Somerville Teen Connection on the campus of Somerville High School. Open during the school year, this confidential and comprehensive clinic offers primary health care, reproductive care/family planning, health education and counseling. Clients up to age 24 receive many services for free.

- CHA runs two programs at Somerville High School: the Teen Health Advisory group, which facilitates youth peer education on a variety of health topics, and the COPE (Co-Operative Parenting Education) Program, a for-credit program that supports teens through pregnancy and parenthood with case management, academic tutoring, support groups, parenting education, and advocacy, with the ultimate goal of helping teen parents graduate high school.

- Sexual health education is required of all Somerville High School 9th grade students. This education includes information on HIV/AIDS and STIs, reproduction, and puberty. These classes are supplemented by presentations from the Teen Connection about sexual health and contraception. In addition, some basic sexual health education topics are covered in earlier grades at Somerville Public Schools, such as puberty in 5th grade and STIs in 7th grade.

- Planned Parenthood’s Davis Square location offers STI testing/treatment, HPV vaccinations, contraception, pregnancy testing, and referrals to other services. (This “Plan” Express Center location does not offer medical exams or procedures.)

- The Integrated Counseling, Testing, and Referral (ICTR) Program at CHA in Somerville offers free and confidential testing and counseling services. Participants of all ages can get screening for HIV/AIDS and other STIs, in addition to free male and female condoms and referrals to other services.

- CHA also has a Hepatitis C clinic and offers a Hepatitis C testing/counseling hotline. Services are provided in a variety of languages, including French, Haitian Creole, Portuguese and Spanish. ICTR also has two clinics that offer primary care, HIV specialty care and obstetrics and gynecological services.
POLICY CONTEXT

**National HIV/AIDS approach.** In 2010 the federal government released the country’s comprehensive coordination for HIV/AIDS prevention and treatment under the National HIV/AIDS Strategy (NHAS). This initiative set targets to be reached by 2015 to reduce new infections, increase access and improve health outcomes for persons living with AIDS and to reduce HIV related health disparities.

### Recommendations:

- Evaluate sexual health education and community resources to ensure support for vulnerable youth between 7th and 8th grade
- Continue to require sexuality education for high school students and to offer lessons on related, age-appropriate topics in elementary/middle school
- Brainstorm ways to ensure youth have access to reproductive health services, contraception, and testing during school breaks
- Increase proportion of males who receive STI testing and other sexual health services
- Research how youth currently learn about lesbian/gay/bisexual/transgender issues
- Research Chlamydia and Hepatitis C transmission in Somerville; identify populations at most risk and strategies for increasing prevention/treatment
- Evaluate prenatal care access for low-income/vulnerable populations
Violence

Violence impacts both individuals and communities. Violent crime may result in premature death or injury, and it is linked to disability, mental health issues, and increased medical costs.

Children exposed to violence are more likely to act out in school and have a greater potential for perpetrating violence in the future. While gang- and gun-related violence remains a key area of concern in the U.S., other forms of violence have been the focus of increasing research and public attention. Bullying has become a major issue, particularly the issue of cyber-bullying.

Sexual violence is a common and under-reported crime. In 2000, the U.S. Department of Justice estimated that 1 in 6 women and 1 in 33 men experience an attempted or completed rape at some time in their lives. Sexual violence includes rape, which is non-consensual sexual penetration, and sexual assault, which is non-consensual sexual touching. (In Massachusetts, consent cannot legally be given if a person is under the age of 16, mentally disabled, or incapacitated.) Such violence can result in profound immediate and long-term consequences on survivors’ physical and mental health.

Domestic or family violence includes parent/guardian abuse of children and intimate partner violence. Intimate partner violence (IPV) includes acts of physical or sexual violence or abuse that occur between partners or spouses. Like sexual violence, IPV can affect any age and any gender. IPV estimates among same-sex couples are similar to those of heterosexual couples. Children who witness domestic violence are also subject to short- and long-term health effects.

What is Cyber-bullying?
Cyber-bullying is when a child, preteen or teen is tormented, threatened, harassed, humiliated, embarrassed or otherwise targeted by another child, preteen or teen using the Internet, interactive and digital technologies or mobile phones. If an adult engages in similar harmful behavior, it is considered cyber-harassment or cyber-stalking. It is a serious offense that can result in misdemeanor or federal criminal charges, depending on severity of the crime. (For more information, visit: www.stopcyberbullying.org.)
Gender-Specific Experiences of Bullying

Overall, bullying rates were similar in both Middle and High Schools. However, in 2009, Middle School boys in Somerville were more likely than girls to report being bullied at school, while in 2010, high school girls were more likely than boys to report being bullied in school and to report being bullied outside of school. In 2009, 5.7% of Middle School students reported staying home from school out of fear of safety in the prior 30 days (slightly more girls than boys) and in 2010 4.9% of High School students reported staying home out of fear of safety in the prior 30 days (no gender difference observed).
Gender-Specific Experiences of Violence

In 2010, High School boys were more likely than girls to report being a member of a gang (5.7% vs. 0.8%). However, girls were much more likely to report being sexually harassed in school (10.0% vs. 5.0%), being hurt physically or sexually by a date (6.2% vs. 1.6%), and receiving verbal or emotional abuse from someone in the family (28.0% vs. 12.5%).
Race-Specific Gang Membership

In 2009, 2.7% of Middle School students (3.7% of males and 1.7% of females) reported that they were members of a gang. While the High School data suggests gang membership is similar among most race/ethnic groups, Middle School students who identified themselves as Hispanic/Latino were the most likely racial/ethnic group to report being a member of a gang (4.1% vs. 2.9% Black, 2.7% Other, 1.8% White, and 0% API).

Violent Crime Rate (2001-2009)

*Crimes only include offences known to law enforcement


Types of Crimes Reported in Somerville

In 2010, there were a total of 44 aggravated assaults that were domestic calls. In 2009, there was a single reported Hate Crime down from an annual average of 5 during the years 2001 to 2005 (US Dept of Justice Annual FBI Hate Crime Statistics Reports, 2001-2009).
Property Crime Rate (2001-2009)

*Crimes only include offences known to law enforcement

STRENGTHS AND ASSETS

- Teen Empowerment’s youth organizing work focuses on building community among diverse populations. This work includes police dialogues, the Annual Peace Conference and annual prioritization of issues facing teens each year.

- The Conflict Resolution/Mediation Program trains and engages 60 High School youth and 20 Middle School youth to peacefully negotiate conflicts between students. This violence prevention program is the approved mediation program for the Somerville courts.

- Bullying prevention and intervention plans are being implemented in public schools through a city-wide bullying prevention plan.

- The District’s uses Second Step/Open Circle for K-8 social competency and violence prevention and is exploring a high school curriculum.

- Somerville’s Commission for Women and Human Rights Commission organize relevant events and forums, such as the monthly Immigrant/Police Meeting, which includes the Somerville Police Department Domestic Violence team.

- The Department of Children and Families is a state agency charged with the responsibility of protecting children from child abuse and neglect with a 24-hour hotline for reporting child neglect or abuse.

- Children With Voices: A Child Witness to Violence Program is a collaborative project between The Guidance Center/Riverside and local domestic violence shelters serving Somerville youth. The program works with children who have witnessed domestic violence and their non-offending parents.

- RESPOND, Inc. provides a 24-hour hotline, support groups, and advocacy to Somerville individuals/families experiencing domestic violence; it also services families who have fled domestic violence and need emergency shelter. They also provides community education and linguistic outreach to survivors from non-English speaking communities.

- The Victims of Violence Program at Cambridge Health Alliance offers professional trainings, support groups, and counseling as well as a Center for Homicide Bereavement.

- The Family Center runs a 12-week domestic violence recovery group.

- Boston Area Rape Crisis Center (BARCC) serves Somerville sexual violence survivors and their partners, families, and friends through its 24-hour hotline. BARCC also offers community education, medical advocacy to survivors at Cambridge Hospital and other medical centers, and counseling at its Cambridge and Boston offices.

- Somerville High School has promoted healthy relationships through student groups, such as the Teen Health Advisory and TADA (Teens Against Dating Abuse).
**POLICY CONTEXT**

Massachusetts has one of the strongest **anti-bullying laws** in the country with strict requirements that schools must follow to protect students from bullying, even in cases where bullying does not involve physical violence. Every school (with the exception of some, but not all, private schools) must by law have in place an anti-bullying policy as of 2011. It must be posted on the school’s website, and it can be requested from school administrators.

The Somerville Public Schools has created mechanisms for reporting and addressing bullying that can be used by anyone in the community at [www.somerville.k12.ma.us/no _ bullying](http://www.somerville.k12.ma.us/no _ bullying). To report an incident, go to [www.somerville.k12.ma.us/bully _ report](http://www.somerville.k12.ma.us/bully _ report) or call the emergency reporting numbers listed.

**Recommendations:**

- Increase supportive programs and mentoring for adolescent girls, who are at particularly high risk for becoming victims of violence and abuse
- Provide community violence prevention training for families/youth
- Ensure Intimate Partner Violence (IPV) and sexual violence education reaches youth and other vulnerable populations, in addition to those who are likely to receive disclosures of abuse and violence
- Support bullying prevention/intervention programs. Work toward improving and tracking the efficacy of elementary school efforts at violence prevention
- Strengthen the Police Department Diversion Program
- Educate youth workers through Police Department Gang Violence Officers
- Develop preventive programs that support youth through difficult times of transition (particularly 8th to 9th grades and high school graduation)
- Offer conflict resolution training to youth workers and school staff
Chronic Disease

Chronic disease is differentiated from acute disease by its persistence, producing symptoms which last for three months or more or may recur. Like an acute disease, a chronic disease can be mild, severe, or fatal.

Common chronic diseases—such as heart disease, cancer, diabetes and renal disease—are among the leading causes of death and disability in the United States. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable. Four modifiable health risk behaviors—lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption—are responsible for much of the illness, suffering, and early death related to chronic diseases.

Adopting healthy behaviors such as eating nutritious foods, being physically active, and avoiding tobacco use or alcohol abuse can help prevent or control the devastating effects of these diseases. But there are also other things which affect rates of chronic disease—these include exposure to environmental toxins, barriers to health care access, negative metabolic impacts of chronic stress, and genetic factors.

What is the Chronic Care Model of Health Care?
It is an integrative approach, developed by Wagner and colleagues, bringing attention to the interlinking elements of the health care system and the community. It impacts the organization of health care and supports development of and access to resources and policies in the community. It also provides patients with tools and supports for self-management to improve outcomes for individuals.


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<td>Injuries &amp; Poisonings</td>
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Age-adjusted Rate per 100,000

SOURCE: REGISTRY OF VITAL RECORDS AND STATISTICS, BUREAU OF HEALTH STATISTICS, RESEARCH AND EVALUATION, MDPH
Somerville Chronic Disease
Heart disease and Cancer each accounted for approximately 25% of the deaths in Somerville for 2004-2008. There were an average of 119 deaths per year due to cancer and 111 deaths per year due to Heart Disease during this time period.


Lung cancer remains the #1 cause of death from cancer of Somerville residents, with an average of 35 deaths per year between the years 2004 and 2008.

Lung Cancer

Leading Cancer Incidences (2003-2007)
Prostate and Breast Cancers
Prostate cancer among men and invasive breast cancer among women represent the two leading types of cancer incidence in Somerville, however the age-adjusted rates were much lower than MA overall. There were an average of 40 new cases of invasive breast cancer per year and an average of 30 new cases of prostate cancer per year between the years 2003 and 2007.

Cancer Screening and Prevention
Mammography is a screening method that has been shown to reduce mortality due to breast cancer by approximately 20-25% over 10 years among woman aged 40 years and over. Up to 60 percent of deaths from colorectal cancer could be prevented if persons aged 50 and older were screened regularly by testing for occult (hidden) blood in stool as well as by routinely scheduled colonoscopy beginning at age 50. Colorectal cancer can be prevented by removing precancerous polyps or abnormal growths, which can be identified during a fecal occult blood test, sigmoidoscopy or colonoscopy.
**Pap Smears and Health**

Regular Pap smears are essential to a woman’s health. The results of a Pap smear can show whether the cells in the cervix are undergoing changes that could lead to cancer. When these changes are detected early, treatment can begin long before cancer develops.

**Sigmoidoscopy vs. Colonoscopy**

A sigmoidoscopy can be used as a screening procedure to determine if a full colonoscopy is necessary—done in many instances in conjunction with a fecal occult blood test (FOBT), which can detect the formation of cancerous cells throughout the colon. It has been shown that up to 50% of polyps and other findings can be missed with a sigmoidoscopy; thus, there has been a trend towards performing a colonoscopy rather than sigmoidoscopy.

**History of Colonoscopy/Sigmoidoscopy (Adults age 50+)**

<table>
<thead>
<tr>
<th></th>
<th>All Men age 50+</th>
<th>All Women age 50+</th>
<th>50-54 Yrs</th>
<th>55-59 Yrs</th>
<th>60-64 Yrs</th>
<th>65 Yrs or older</th>
</tr>
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<tbody>
<tr>
<td>Never</td>
<td>25.9</td>
<td>2.9</td>
<td>6.3</td>
<td>26.4</td>
<td>15.9</td>
<td>12.1</td>
</tr>
<tr>
<td>Past 5 years</td>
<td>35.6</td>
<td>35.6</td>
<td>57.6</td>
<td>72.5</td>
<td>72.0</td>
<td>61.0</td>
</tr>
<tr>
<td>Past 5 to 10 years</td>
<td>36.5</td>
<td>36.5</td>
<td>57.1</td>
<td>72.5</td>
<td>72.0</td>
<td>61.0</td>
</tr>
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**Self-Reported Chronic Conditions Among Adults (age 18+) (2002 and 2008)**

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<tr>
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<tbody>
<tr>
<td>Diabetes</td>
<td>4.3</td>
<td>5.1</td>
<td>5.6</td>
<td>7.4</td>
<td>20.6</td>
<td>16.7</td>
<td>23.6</td>
<td>26.4</td>
</tr>
<tr>
<td>Hypertension</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>19.9</td>
<td>21.2</td>
<td>29.7</td>
<td>35.6</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td></td>
<td></td>
<td></td>
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</table>

**SOURCE:** SOMERVILLE 5-CITY BRFSS 2008; SOMERVILLE BRFSS 2002; SOMERVILLE 5-CITY BRFSS 2008; MA BRFSS 2001 AND 2007 5-CITY BRFSS 2008
The National Prevention, Health Promotion and Public Health Council released a National Prevention Strategy in June 2011. Seven priorities were developed with evidence-based recommendations most likely to reduce the burden of the leading causes of preventable death and major illness.

The priorities are:
- Tobacco Free Living
- Preventing Drug Abuse and Excessive Alcohol Use
- Healthy Eating
- Active Living
- Injury and Violence Free Living
- Reproductive and Sexual Health
- Mental and Emotional Well-being
Racial Differences
Rates of diabetes-related hospitalizations differ by race. Black, non-Hispanic residents in Somerville have the highest rate of hospitalizations (although slightly lower than statewide rates), followed closely by Hispanic residents. Although this data might simply reflect the higher risk of diabetes among Black and Hispanic individuals, it might also indicate that these residents are not receiving the most effective preventive medical intervention. More research regarding standards of care, accessibility and cultural appropriateness of available resources is indicated to meet the needs of these higher risk populations.

What is “My Life, My Health?”
“My Life, My Health” is the Chronic Disease Self Management Program developed at the Stanford University Patient Education Research Center. Six consecutive 2-hour workshops are lead by trained peer leaders in community settings. People with chronic conditions and caregivers may attend. Workshops are highly interactive, provide mutual support, and build participants’ confidence to manage their health and remain active.

Health Reports Vary by Language
The vast majority of Somerville adults rate their health as either excellent or very good. Among non-English speakers, fewer adults rate their health this highly (49.7%) and 18.5% of non-English speakers rate their health as fair or poor, twice the rate of English speakers.
**STRENGTHS AND ASSETS**

- The City of Somerville Health Department provides communicable disease surveillance, organizes immunization clinics, oversees Public Health and School Nurses, and provides health and sanitary inspections and emergency preparedness.

- Volunteer Health Advisors of Cambridge Health Alliance are members of the local community who are trained in basic health areas to improve health in their communities by offering their time, skills and experience. They provide health screenings and utilize their cultural and linguistic skills in English, Haitian Creole, Portuguese, and Spanish to provide health information. They show up at health fairs, churches, festivals and farmers markets promoting health within the community.

- The City of Somerville Health Department’s Shape Up Somerville Taskforce promotes healthy eating and active living initiatives for cardiovascular disease and obesity prevention and serves as a national model.

- Immigrant Service Providers Group-Health (ISPG) is a coalition of organizations in Somerville who serve immigrants, advocating for improved equity on a range of health issues.

- “My Life, My Health” classes, promoting health through improved self-management of chronic diseases, are offered by the Community Affairs Dept of Cambridge Health Alliance and the Somerville-Cambridge Elder Services.

- Conversation Maps, developed by Healthy Interaction with support from Merck, are visual, interactive tools that provide a focus for groups of diabetic patients or individuals dealing with diabetes to learn about and explore behavior choices about healthy eating, physical activity and self-care. Adaptation of these maps for use with Haitian Seniors was honored by a “Promising Practices” award from the American Diabetes Association to the Cambridge Health Alliance in 2011.

- Cambridge Health Alliance has developed registries of Diabetes and Asthma patients to promote increased integration and management of these chronic diseases.

- In 2010, five CHA primary care sites were selected for Massachusetts’ new Patient-Centered Medical Home Initiative and two of those were recognized with the highest designation of Level 3 Medical Homes by the National Committee for Quality Assurance.
POLICY CONTEXT

The Accountable Care Act of 2010 has led to the development of new models of healthcare delivery. An Accountable Care Organization (ACO) is the financial model for publically-funded healthcare providers. An ACO uses global fees instead of the current fee-for-service method which gives providers more flexibility in how to provide services. The Patient-Centered Medical Home Model is the organizational strategy for providing comprehensive primary care, especially within an ACO. It has demonstrated higher patient satisfaction and improved outcomes by facilitating coordination and integration of services to enhance access to care and information, improve engagement of patients in care management and provide better continuity of care. The two models work together to increase accountability of the healthcare system for improved health outcomes of its enrolled population.

Recommendations:

- Expand prevention programs in clinical & community settings
- Develop prevention programs targeting health disparities, such as diabetes in Latino and Haitian populations
- Increase dialogue opportunities to address health inequities through collaborative processes
- Focus on prevention of obesity and substance abuse
- Expand immunization services, including flu clinics
ACKNOWLEDGEMENTS & APPENDICES
Acknowledgements

We thank the Cambridge Health Alliance for their ongoing and crucial support of health improvement initiatives in Somerville. This report and the work of the Community Health Agenda would not thrive without their generous support.

We thank the Somerville Health Department, Office of Prevention, in collaboration with the Somerville Public Schools, for the annual Youth Risk Behavior Survey, providing valuable data.

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We thank the numerous partners and community coalitions who provided support and guidance during the development of this report. The content is solely the responsibility of the authors and does not necessarily represent official views of these agencies.

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City of Somerville, Public Schools
Community Action Agency of Somerville
Immigrant Service Provider’s Group/Health
Mystic River Watershed Association
Shape-Up Somerville Task Force
Somerville Cares About Prevention Coalition
Somerville Committee on Suicide Prevention and Mental Health
Somerville Community Corporation
Somerville Transportation Equity Partnership
Authors

Lisa Arsenault, Institute of Community Health
Lisa Brukilacchio, Somerville Community Health Agenda, Cambridge Health Alliance
Patricia Contente, Office of Prevention, Somerville Health Department, City of Somerville
Jaime Corliss, Shape Up Somerville, Somerville Health Department, City of Somerville
Linda Cundiff, Community Affairs, Cambridge Health Alliance
Liz Daube, BU School of Social Work intern, Somerville Community Health Agenda
Karen Hacker, Institute of Community Health
Cory Mashburn, Office of Prevention, Somerville Health Department, City of Somerville
Paulette Renault-Caragianes, Somerville Health Department, City of Somerville
Nicole Rioles, Shape Up Somerville, Somerville Health Department, City of Somerville
Vanessa Vega, Tufts BSOT intern, Somerville Community Health Agenda

Contributors:

Prajakta Jaju, Harvard intern, Institute of Community Health
Anita Rijal, Tufts Child Health Seminar intern, Somerville Community Health Agenda
Holly Stewart, Tufts Community Health intern, Somerville Community Health Agenda
Lisa Trebino, Harvard School of Public Health Intern, Institute of Community Health

Graphic Design:
Colin Barr, barr.colin.t@gmail.com

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Groundwork Somerville  Staying Put Working Group
Mystic River Watershed Association  STEP
Somerville Arts Council  Teen Empowerment
Somerville Community Corporation  Union Square Main Streets
DISCLAIMER

This report is an ongoing effort to reflect some community-defined indicators that relate to health broadly defined. This report also highlights a range of data sources, including the most current Brief Risk Factor Surveillance Survey data from 2008 and from 2002 and recent Youth Risk Behavior Survey data collected from Middle and High School students.

To be involved with implementing the recommendations, please contact Lisa Brukilacchio at 617-591-6940 or lbrukilacchio@challiance.org.

For online access to this document, please visit our website http://www.challiance.org/comm_affairs/som_health_agenda

Date: June 2011
Appendix

i  Data Sources
ii  10 Essential Public Health Services
iii  Tips for Better Health
Data Sources

In addition to a wide range of state sources listed below, Somerville has access to significant local data that helps to inform public health needs through two specific data gathering efforts:

The **Youth Risk Behavior Survey** (YRBS) collects data on health-risk behaviors among Somerville Public School students, alternating years between Middle School (Grades 6-8) and High School (Grades 9-12). Data collected includes behaviors that contribute to injuries and violence, alcohol or drug use, tobacco use, sexual risk behaviors, unhealthy dietary behaviors, and physical activity. The YRBS data has been collected in Somerville from 2002 through 2011, providing a rich source of trend data over time. Somerville Cares About Prevention, under the Office of Prevention in the Somerville Health Department coordinates this effort in Somerville, working closely with the Somerville Public School, working with Social Science Research and Evaluation for implementation and development of summary results of the survey. The YRBS is also conducted on the state level, as well as the national level providing some comparison data.

The **Behavioral Risk Factor Surveillance Survey** (BRFSS) was first conducted in 2002 in Somerville and Cambridge. In 2008, it was conducted again, but added neighboring communities (Chelsea, Everett, and Revere) as the Five-City Behavioral Risk Factor Surveillance Survey. Through a collaboration with the Cambridge Health Alliance, Massachusetts General Hospital, Mount Auburn Hospital, the Cambridge Public Health Department, and the Somerville Health Department, the Institute for Community Health (ICH) facilitated the planning, design, and implementation of the BRFSS for these communities. Usually conducted at the federal or state level, the BRFSS is often difficult to coordinate and fund at a community level. Through a process involving many community partners at a number of working group meetings, the survey was developed and administered in all five communities. Data is used to inform local health needs and better cater programs and policies to meet those needs.
## DATA SOURCES

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<th>Source</th>
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<tr>
<td>Bureau of Health Information, Statistics, Research, and Evaluation, Division of Research and Epidemiology, “Massachusetts Births 2008”, MDPH</td>
<td>2010</td>
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<tr>
<td>Bureau of Substance Abuse Services (BSAS), “Somerville Treatment Fact Sheets”, MDPH</td>
<td>FY2007 and FY2010</td>
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<td>Bureau of Substance Abuse Services (BSAS), Substance Abuse Treatment Programs, MDPH</td>
<td>2002-2008</td>
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<td>Epidemiology Program, Bureau of Communicable Disease Control Registries, MDPH</td>
<td>2002-2008</td>
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<td>Five-City Behavioral Risk Factor Surveillance Survey (BRFSS)</td>
<td>2008</td>
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<tr>
<td>Massachusetts Behavioral Risk Factor Surveillance Survey (BRFSS)</td>
<td>2002 and 2008</td>
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<td>Massachusetts Department of Elementary and Secondary Education, School and District Profiles</td>
<td>2000-2011</td>
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<tr>
<td>Massachusetts Division of Health Care Finance and Policy Uniform Hospital Discharge Dataset System</td>
<td>2000-2008</td>
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<td>Massachusetts High School Youth Risk Behavior Survey (YRBS)</td>
<td>2009</td>
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<td>Massachusetts Office of Health and Human Services, Department of Transitional Assistance</td>
<td>2005-2010</td>
</tr>
<tr>
<td>Massachusetts State Police, Crime Reporting Unit</td>
<td>2001-2003</td>
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<td>School Health Services Program, Bureau of Community Health Access and Promotion, “The Essential School Health Services Program Data Report, 2008-2009 School Year”, MDPH</td>
<td>2010</td>
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<tr>
<td>Sexually Transmitted Disease Program, Bureau of Communicable Disease Control Registries, MDPH</td>
<td>2002-2007</td>
</tr>
<tr>
<td>Somerville and Cambridge Behavioral Risk Factor Surveillance Survey (BRFSS) 2002</td>
<td>2002</td>
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<td>Somerville Police Department</td>
<td>2008-2009</td>
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<td>Somerville Public Schools, Height and Weight Surveillance</td>
<td>2006-2010 (no data 2009)</td>
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<td>Somerville Public Schools, Somerville High School Health Survey</td>
<td>2002-2010 (even years)</td>
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<tr>
<td>Somerville Public Schools, Somerville Middle School Health Survey</td>
<td>2003-2009 (odd years)</td>
</tr>
<tr>
<td>The Federal Reserve Bank of Boston, Research Department, “Foreclosures, House-Price Changes, and Subprime Mortgages in Massachusetts Cities and Towns”</td>
<td>1990-2009</td>
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<tr>
<td>The Warren Group Town Stats</td>
<td>2000-2009</td>
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<tr>
<td>US Census Bureau, American Community Survey (ACS)</td>
<td>2007-2009</td>
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<td>US Census Bureau, Decennial Census</td>
<td>1990, 2000, 2010</td>
</tr>
<tr>
<td>US Department of Justice, Annual FBI Uniform Crime Reports</td>
<td>2004-2010</td>
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</tbody>
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10 Essential Public Health Services

Public Health is a population based approach to promote health and prevent disease in order to reduce the burden of preventable illness and injury. Public Health efforts at their best help reduce overall health costs and are essential in creating high quality of life for everyone who lives in the United States. The motto most commonly used to describe Public Health Efforts is “Prevent, Promote, and Protect.”

The 10 Essential Services of Public Health listed below can be defined as a consensus statement that defines Public Health within the context a larger health system. Public Health efforts are models of partnership: in Massachusetts the 10 Essential Services are provided to our residents through the combined efforts of local and state public health entities.

Three Core Functions of public health are carried out through the 10 Essential Services.

Assessment
1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.

Policy Development
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.

Assurance
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal healthcare workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.
Conventional 10 Tips for Better Health

1. Don’t smoke. If you can, stop. If you can’t, cut down.
2. Stay on a balanced diet with plenty of fruits and vegetables.
3. Make sure you stay physically active and exercise at least 3 times a week.
4. Manage stress by, for example, talking things through and taking time to slow down, or planning relaxing get-aways.
5. If you drink alcohol, do so in moderation.
6. Cover up in the sun, and protect children from sunburn.
7. Make sure you practice safer sex.
8. Don’t forget regular check-ups with your family doctor and get screenings for cancer.
9. Be safe on the roads: Follow the highway code and wear your seatbelt.
10. Learn the first-aid ABC: airways, breathing, circulation.

What Your Doctor Didn’t Tell You or Social Determinant Tips for Better Health

1. Don’t be poor. If you can, stop. If you can’t, try not to be poor for long.
2. Live near good supermarkets and affordable fresh produce stores.
3. Live in a safe leafy neighborhood with parks and green space nearby.
4. Work in a rewarding and respected job with good compensation, benefits and control over your work.
5. If you work, don’t lose your job or get laid off.
6. Take family vacations and all the benefits you are entitled to.
7. Make sure you have wealthy parents.
8. Don’t live in damp low-quality housing, next to a busy road or near a polluting factory.
9. Be sure to own a car if you have to rely on neglected public transportation.
10. Learn how to fill in the complex housing benefit application forms before you become homeless and destitute.

There is more to good health than lifestyle choices, genes and access to health care. Research shows that the social circumstances in which we are born, live and work—our jobs, schools, built space, transportation, even quality of civic life—get under the skin, influencing our behaviors, access to resources, chronic stress levels and ultimately increasing or decreasing our chances for health.

Adapted from Dave Gordon, University of Bristol, and Dennis Raphael, York University from Unnatural Causes at www.unnaturalcauses.org
Wondering About the Map on the Cover?

The cover of the Well Being of Somerville Report 2011 highlights not only the connection between social determinants of health, but also strives to connect data points with the lives and the health of the community. For each of the Determinants of Health sections, a representative data set was used to indicate the topic in the Somerville map on the cover.

For Education, the public schools are mapped, including the Parent Information Center and the Administration Building to provide 12 data points across the city:

- Argenziano School
- Brown School
- Capuano Early Childhood Center
- East Somerville Community School
- Healey School
- Kennedy Elementary School
- Next Wave and Full Circle Alternative Schools
- Somerville High School
- West Somerville Neighborhood School
- Winter Hill Community School

For Housing, federal and state public housing sites are mapped:

Federal
- Brady Towers
- Highland Gardens
- Mystic View
- Weston Manor

State
- Bryant Manor
- Capen Court
- Ciampa Manor
- Clarendon Hill
- Corbett Apartments
- Hagan Manor
- Mystic River
- Properzi Manor

For Economy, there is a list of the largest employers in Somerville with 100 employees or more. (Source: Company or Institution listed, June 2007)

- Tufts University
- Somerville School Department Municipal
- Cambridge Health Alliance
- City of Somerville Municipal
- Angelica Textiles Laundry
- Ames Safety Envelope Envelopes (CLOSED)
- Star Market / Shaw’s Grocery
- MBTA Commuter Rail Maintenance Facility Railroad Maintenance
- Gentle Giant Local Trucking
- Target Retail 200
- Share Group Non-Profit Telemarketing (CLOSED)
- United Parcel Service Package Delivery Service
- Stop & Shop Grocery
- Grossman Marketing Paper Company
- Holiday Inn Hotel
- Somerville Housing Authority Development/Management

For the Built and Natural Environment, the map shows community gardens and Farmers Markets locations:

Gardens
- Albion Street Park
- Allen Street
- Avon Street, at the Somerville Home
- Bikeway / Community Path
- Durell Park, Beacon Street
- Glen Street/Capuano School
- Mystic Housing
- North Street/Clarendon Hill
- Osgood
- Somerville Community Growing Center
- Tufts University
- Walnut Street

Farmers Markets
- Davis Square on Wednesdays
- Mystic Market on Saturdays
- Union Square on Saturdays

For Community, this list includes some of the cultural centers, libraries and venues for the arts:

- Artist Asylum
- Arts at the Armory
- Brickbottom (artist housing/studios, gallery)
- Mudflat Pottery School
- Nave Gallery
- SCATV
- Somerville Museum
- Somerville Public Libraries at three locations, Central, West and East
- Somerville Theatre
- Sprout and Co.
- Union Square, Arts Union
- Vernon St Studios
- Willoughby and Baltic
SOMERVILLE COMMUNITY HEALTH AGENDA

Cambridge Health Alliance
Somerville Hospital, Community Affairs Dept
230 Highland Ave, SON Rm 502
Somerville, MA 02143
(617) 591-6940