

CET Networking Event: Public Health Begins With You!
December 5, 2013
Twenty Chimneys Room, MIT Student Center, Cambridge

Summary Notes

Number of participants: 77

Introduction: Carole Sousa welcomed the participants. Ellen Semonoff and Claude Jacob discussed the importance of public health and community agencies as key to the health of residents. They referenced that Cambridge had been awarded an inaugural Robert Wood Johnson Foundation Roadmaps to Health Prize in 2013 which reflected years of work of many individuals and agencies and that the Community Health Assessment is a way to see how far we have come and prepare for a plan to continue the path to better health for all residents.

Lisa Wolff, from Health Resources in Action, presented a selection of the data from the report, including:

- Demographics
- Poverty
- Top social and economic concerns
- Top health concerns
- Health care access
- Overarching themes:
 - Cambridge is a **progressive, diverse, educated community with excellent amenities and services**, although not all benefit similarly.
 - Cambridge is a health conscious community, but there are **concerns about obesity** and a need for more efforts to enhance healthy living
 - **Substance use and mental health** were concerns for the community and a need for more services was identified.
 - **Immigrants, seniors, and low-income individuals** were identified as particularly vulnerable to health concerns.
 - City residents overall enjoy **good health and access to high quality** health care, although barriers still exist in accessing services.
 - **Collaboration across organizations was viewed as strong**, but strengthened partnerships and continued engagement was seen as key to addressing community concerns.

A copy of the slides are on the CET website at a later date.

Participants were in groups of approximately 6-10 people and participated in two facilitated discussions.

In the first discussion, participants shared what resonated about the data and what was missing, from their perspective. Facilitators reported back only about the “what is missing” question, which was also phrased “what do you want to know more about?”

Participants had general questions about the data and comments around a wide variety of themes.

The full list of responses is at the end of the notes, beginning on Page 4.

Questions about the data were about:

- The language and literacy level of the survey
- Need to see trends, not just “snapshot” of current data
- Links to health disparities
- Results reflect who took the survey; more information about who took the survey and how it represents Cambridge
- The “top 5 issues” are out of how many issues (context needed, otherwise the #5 issue looks like a low priority, when in fact it is a “top 5” issue)
- What was not mentioned in the presentation that might be bigger issues?
- Data sources
- Include suggestions from focus groups in final report, ie American Born Black

The following themes were identified where people wanted more information:

- Childcare and affordability – more information needed from families with children
- How much is private sector engaged
- Culture and language
- Discrimination
- Domestic violence is underreported, what are some of the cultural issues
- Education and awareness of health issues for different age/populations
- Employment
- Breakdown by gender needed, GLBT data needed.
- Access to health care, in particular there was interested in more information about dental care and Hispanics’ fear around health care
- Mental health issues including bullying and stigma
- Healthy eating: affordable food, school meals, nutrition education
- Obesity
- Poverty
- Safety
- Sanitation
- Seniors and “aging in place”
- Social networks
- Substance abuse data
- Teen sex and pregnancy
- Affordable physical activity
- Concerns from youth

In the second discussion, participants shared how they could use the information at their agencies to improve the health of their clients, and what they thought Cambridge should do to address the health issues identified in the data. Facilitators reported back only about “what Cambridge should do”.

The full list of responses is at the end of the notes, beginning on Page 7.

The following themes were identified:

- Concrete action steps (assignments, timelines)
- Using best practices
- Affordable childcare
- Civic engagement: involving residents including under-represented groups, finding champions, outreach by neighborhood
- Collaboration
- Communication and marketing
- Access to final copy of community health assessment
- Affordability of activities
- Cultural and language approaches: cultural competency, translation and interpreter services, bilingual staff, more support for workshops with cultural context and childcare
- Addressing racism and discrimination, including institutional racism
- Better understanding of data
- Domestic violence as a health issue, outreach, cultural and peer support
- Education and training: more workshops, train outreach workers on topics in the survey, share expertise and information, hear from front line experts
- Support for families
- Improving access to health care and mental health services, including language/culture support
- Housing
- Engaging GLBT community
- Outreach (culturally appropriate) especially with Cambridge Housing Authority and schools
- Policy approaches to impact affordability and access, food access, and systems
- Improved awareness and use of resources, including colleges and high tech
- More partnerships at transition points, ie kindergarten, to link resources
- Resources like “glue money” to give groups access to speakers, technical assistance, etc. (like mini-grants)
- Seniors, aging in place
- Social connectedness – community dinners and events are also opportunities to share public health messages
- Substance abuse awareness
- Affordable sports programs
- Youth access to services and privacy

Claude Jacob discussed next steps about using the community health assessment information to shape the community health improvement plan, a multi-sector multi-year plan to address pressing health concerns. The 2-part planning sessions will take place on January 23 and February 6 and will be approximately a half-day each.

Carole Sousa closed the event by thanking all the participants and offering assistance from CET for future work.

Complete notes from each discussion table follow, as well as evaluation results.

NOTES - DECEMBER 5, 2013 - PUBLIC HEALTH BEGINS WITH YOU

On December 5, 2013, the Community Engagement Team and the Cambridge Public Health Department partnered to host a networking event for Cambridge providers, attended by approximately 77 people. There were two small group discussion sessions held. The groups reported out on 1) "What's missing from the data or what do we want to know more about?" and 2) "What can Cambridge do to address these issues?" Other information, such as "What resonates?" and "What can your agency do with this information?" was collected below but was not reported on to the large group. This information was taken from note-takers' materials.

What's missing, what do we want to know more about?

childcare	Issue about childcare and affordability
childcare	Affordable childcare for families with kids The statistic on lack of affordable childcare was low at 29%. This low percentage assumes that younger populations or those without children are obviously not affected by childcare yet. However, Cambridge is absolutely expensive when it comes to childcare. So, I pose the following question: Of the families that have childcare aged kids, what is the percentage who think there is a lack of affordable childcare.
childcare	
childcare	Lack of affordable childcare- what about the % of families with kids only?
childcare	Would like to see more about childcare. Lack of this service is a big issue for parents to get good jobs
community resources	How much private industry already engaged – build bridges for young adults opportunity
culture	Concepts and guidance about what “healthy” changes from other cultures to this one
culture	Culture plays a big part – what is OK
culture	Language is a big barrier. Material should be printed in several languages.
culture	Should it be translated by culture and what is acceptable here, not word for word. More isolated because of culture. People accept it in other countries but it is wrong.
culture	Way Americans parent vs other countries – punishment, curfew, reading, discipline
discrimination	Discrimination – need to know more
DV	Domestic violence under-reported
DV	Domestic violence > trauma
DV	Sexual abuse
DV	DV – cultural differences
DV	Domestic violence under-reported – different to survey
DV	DV hidden issues? What that one of the options?
education	Education
education	Health and safety curriculum for younger kids (nutrition and physical activity)

education	What are we doing to increase people's knowledge for health, e.g. activity, oral, etc. workshops
education	Lack of knowledge, awareness, information.
employment	Employment (more info)
families	Parenting – what is normal, positive. Lack of knowledge.
gender	Gender breakdown of survey
gender	Breakdown by gender
gender	Need gender breakdowns from survey
health access	Lack of access to medication, especially for low income population
health access	Hispanics are afraid of health care? Clarify "afraid": of a bill? Of finding a provider to trust? Of bad news? Immigrant perspective – surprised by 26% figure that people afraid to go to doc. surprised the city hasn't made much progress since Agenda For Children – perhaps this is influenced by other immigrant issues? All minority groups raised issue of not feeling comfortable for various reasons.
health access	Surprised about level of concern re: dental. Insurance coverage? Quality?
health access	Access/lack of medication, especially for low income
housing	Lack of larger housing units
language	Materials should be translated not word for word but by culture
LGBT	LGBT population data
LGBT	LGBT population data (this population was included but a small % answered, gender ID)
mental health	Mental health issues – need to know more
mental health	Mental health is an issue for Asian college students.
mental health	Mental health – stigma
mental health	Mental health listed 6th but data showed it was higher. Maybe not list it because there is a stigma around mental health therefore not everyone reports it. Why is middle school bullying results so much higher than high school. Physical bullying less in high school. More physical from middle school, cyberbullying greater in high school – concerning.
mental health	
misc	Hidden issues - Not missing in survey, but in data
misc	Access to bad choices much higher in US
misc	People think "health" means "diabetes, etc"
nutrition	Nutritional workshops for parents (labels and choices)
nutrition	Tasty and healthy school lunches
nutrition	Nutritional workshops for parents (label reading, limited choices for specific cultures)
nutrition	School lunch should be healthy and more tasty
nutrition	Lack of affordability with food
nutrition	# of allergies is increasing and what is causing it
obesity	Obesity – how to deal with the issue
obesity	Parental obesity education for kids
obesity	Obesity rates

obesity	Why obesity is high in lower SES groups?
obesity	Obesity among parents is also a problem. Confusing to evaluate choices.
obesity	# of obesity and how to deal with that issue
poverty	Working poor
poverty	Poverty level – what it means to Cambridge vs. U.S.
safety	Neighborhood safety
sanitation	Sanitation
sanitation	Sanitation in restaurants
seniors	Seniors access to aid
seniors	How is aging in place working
seniors	Seniors getting access to aid
social	What are peer-to-peer networks
substance abuse	How kids are using drugs now
substance abuse	“ever used” data about alcohol and drugs not useful
substance abuse	How can we keep substance abuse down
survey	Online survey
survey	Language/literacy level
survey	Snapshot, not trends
survey	Link to health disparities
survey	Data
	3 categories with top 20 things in each, ie 6th out of ____? Saying how many were on the original list would clarify the information, so that it does not appear that “# 5” is a low concern, when in fact #1-#5 are all top concerns.
survey	Results do reflect who took the survey.
survey	What was not mentioned in the presentation that may be bigger issues?
survey	Include suggestions from focus groups in final report, ie American Born Black
taking action	What are we going to do about it?
teen sex	Teen sex/teen pregnancy
teen sex	Sexual education for younger kids
	Groups: young children, special needs children, people with disabilities, seniors, homeless
vulnerable pops	
wellness	More afterschool physical activity available
wellness	Opportunities for youth for physical activity and nutrition to decrease obesity
youth	Youth concerns – from focus groups, plus other groups
What resonates?	
asthma	High asthma% among kids (1 in 4)
asthma	Asthma rates

childcare	Disparity between poverty and wealthy. Affordable childcare is a problem.
civic engagement	Expensive community to live in.
culture	Focus groups were an opportunity to give input to health department
culture	Language barriers
culture	Working with immigrant families – language barrier #s and comments
culture	Not understanding cultures and discrimination
demographics	Demographics
discrimination	Discrimination
discrimination	Discrimination (African Americans)
education	Health curriculum (eg nutrition) for younger students
education	Need safety curriculum also (bike)
health access	People afraid to go to doc
health access	Cost of health insurance
housing	Housing – depression (*elderly as a vulnerable population, mental health and illness)
housing	Lack of affordable housing, especially for those coming from a difficult or xxx environment into a better one
mental health	Bullying – want to look more closely
mental health	Number of people with mental health issues for immigrants. Waiting for services.
mental health	Mental health – access/stigma
misc	Parental concerns > mental health, homelessness, poverty
obesity	Youth obesity rate (high)
obesity	Low SES obesity is high. Need more after school physical activity (once a week)
poverty	Cost of living
poverty	Hunger percentages (Hispanics)
poverty	Families living in poverty
safety	Concern about neighborhood safety among immigrant women
safety	Neighborhood safety – American Born Black – specifically Area 4 (Washington Elms)
substance abuse	Concern about marijuana use

What can Cambridge do?

action steps	Something should be done with the information (Assign issues to specific groups, create timeline, Use research to help guide us)
action steps	A lot of what Cambridge can do costs more money
best practices	Looking at other communities that are doing extraordinary things in a specific issue and implement it in Cambridge. Example: Quincy has a great system dealing with domestic violence
childcare	Affordable childcare
childcare	Childcare supported workshops to address info to specific groups
civic engagement	Target systems/agencies where there is under-representation and demand change

civic engagement	Involve residents in setting priorities
civic engagement	Finding political champions
civic engagement	Healthy outreach to neighborhood groups. Engage people to be involved by neighborhood. Neighborhood assessment of safety, childcare.
collaboration	Collaborating – more intentional we can always do better. Frontline.
collaboration	Create intermediary between departments to increase collaboration, share resources, maximize community partnerships
communication	Boost city communication, for example how a decrease in racism is working; b/t providers and affordable services
communication	Make sure everyone is on the automated phone list
communication	Better publicizing of farmers markets
communication	Make sure city and community have access to final copy of assessment.
communication	Billboard – healthy city – where in city can people get information ie library, other organizations
costs	Make activities more affordable
culture	Communicate/translate English to English (do not complicate things)
culture	Set up multi-lingual information line or hotline
culture	Translation and interpreter services > language access
culture	Cultural competence education for teachers, staff, youth
culture	More language support (e.g. South Asian languages)
culture	More support for workshops targeting groups with culture context and childcare
culture	More English classes
culture	More bilingual staff
culture	Consider expanding group offering to include other languages and cultures
culture	Deeper work around cultural competence (ie institutional racism). Goal: connect pockets and make grow > share best practices to move forward > identify commonalities > create a system. connect 0-8, DHSP, HCTF, ABBOT
data	Need better understanding of data (what are the barriers?)
discrimination	Discrimination
DV	Issue of domestic violence as health issue
DV	More outreach on DV, parenting
DV	DV – need more language and cultural peer support, particularly for women
education	City can do more workshops on this information for the community
education	Need more education on physical activity and nutrition for specific cultural groups
education	City and public health can help with training outreach workers regarding the issues in the survey
education	Continue to hear from experts who are at the front line
education	Share what we know
education	Workshops with CET and others
families	Workshops for families
families	Finding place where families will come, not travel.

families	Looking at family engagement
health access	Assist clients with access to affordable care
health access	Improving access to services and bridges to these services
health access	How to create a system to plug into healthcare
health access	Medical interpreter program citywide.
health access	How are people coming – how can we get people in to existing plethora of resources
housing	Deal with the hard issues – housing and childcare
housing	Rent control
housing	Housing vouchers
housing	Addressing/supporting issues that come up, ie affordable housing. There is affordable housing but maybe we need more.
LGBT	Engage GLBTQ community
mental health	Increasing mental health services
misc	Xxx teaching and facilities
misc	Definition of what we say health is
misc	Specific needs
outreach	Doing one on one outreach
outreach	Have someone work with Cambridge Housing Authority to allow outreach workers to use their facility
outreach	Outreach workers to prepare more culturally sensitive and targeted material, in xxx with schools
policy	Set policies to deal with affordability and access
policy	City policy/zoning to support better distribution among neighborhoods
policy	Target systems/agencies for change
policy	City regulatory policy to distribute markets in underserved areas.
policy	What is the priority. Services provided may not match group need.
resource	Create opportunities for resource sharing – what each agency or individual can offer
resource	Make people more aware of all the resources
resource	A resource center
resource	Awareness of resources
resource	Wealth in high tech – how to tap into this
resource	Use colleges to help with after school and summer activities for low income
resource	Make the information available
resource	Better marketing of healthy food resources (farmers markets)
resource	Maximize expertise in each of the agencies and share rather than asking each agency to take on all the issues
resource	More books related to healthy living
resource	More partnerships at transition points, for example kindergarten (linking resources)

resource	Look at top concerns from city – link with existing programs and resources, ie set up text message service/hotline providing regular and specific info.
resource	Glue \$ - give groups access to speakers etc, technical assistants (mini-grants)
seniors	Focus on “aging in place”
social connection	Community dinners – healthy eating
social connection	Support (\$) community events and bring public health messages and resources
substance abuse	Need more awareness of alcohol and drug abuse
wellness	Make community sports programs more affordable (Not everyone can afford current programs, Decreased asthma, increased mental health, etc.)
wellness	Community sports programs – make affordable
youth	Youth accessibility/privacy, Training staff

What can your agency do?

Department visits – sharing info, ie kids with asthma

Free socialism – cut down \$

Use overweight and obesity data to teach and discuss nutritional health

Include health survey results to introduce other topics

Use other results as a teaching tool. For topics not as well covered elsewhere.

Talk about what the city is doing for health.

Cross pollination between health topics (ie DV and literacy). Good “point of entry” to other health topics.

Some evaluation of associated risk factors

Sharing info in own language

Sharing info in own group (ie Ethiopian) about survey

Sharing info/referrals to wother agencies/directors so other parents are aware of programs and trainings

Need community engagement groups. Community should select priorities.

Expand work of CET. Focus groups on health assessment issues as for year long process on DV this last year.

Do it in people’s homes

Data is surprising. Gives me a lot of responsibility in my life and work – knowing this info. My neighbors should see me as a resource.

Translate this info for Chinese residents in Cambridge

Agency needs to be aware and sensitive of these issues as we do intake and work with families.

Alcohol and drug buse – need to increase awareness.

How confusing insurance is

Informing families about information learned – “it’s not just them”. Let families know we are “working on it”. We hear you. What are the ways we can help people to take action.

How would data look if accessed through “trusting relationships”

Women’s education around dDV and other cultures – let’s talk about it more.

What is DV and what help is there. Open discussions

Working with outreach workers to train them to discuss it with families.

Workshops will help talk to families about obesity, health issues and what help there is.

Survey has a lot of information but there needs training to pass message.

Outreach workers having problems finding space for workshops.

Cultural workshops/finding right time and place.

City website – open to create space for workshops for low income families

Childcare for weekends affordable

Stress over childcare affects health of family

Vouchers only cover centers not babysitters

Baby U – offer a package to address barriers, provide a list of resources for participants. Help families share providers that are culturally sensitive. Could use this model for after-school.

Schools and CET workers partnership: more material in more languages – use of school buildings at nights to address barriers.

Evaluation results (based on 53 responses)

This event:

- Gave me specific information: 93%
- Interested me, in general: 94%
- Added to my knowledge about issues that impact the health of diverse communities: 88%
- Changed my thinking about how my agency can promote health: 71%
- Provided me with useful resources: 72%

The panelists and other speakers:

- Enhanced my understanding of the topic covered: 91%
- Kept to the main topic: 96%
- Showed knowledge of the topic covered: 96%
- Organized themselves well for the session: 95%

The event organizers provided:

- Enough time for questions and answers: 79%
- Work in groups that enhanced my engagement with the topic: 87%

I was satisfied with the:

- Facility: 91%
- Handouts: 84%
- Visual aids used as part of the presentation: 85%

The Cambridge Public Health Department would appreciate your ideas about how to address some of the issues you heard about today. This information will be used during the Community Health Improvement Plan process in winter 2014.

- Community building, utilize evidence based practice.
- More training around cultural competency & learning how to address barriers around access to care.
- My group talked a lot about people not seeing doctors because of not knowing how to navigate the insurance system & because they felt doctors didn't understand their culture.
- One idea that came out of the group discussion is to make small amounts of money available to
- Community organizations that are addressing health issues and disparities on a small scale...I think I heard someone refer to it as glue money...
- Take a look at existing taskforces, workgroups etc. and identify strategic ways these groups can work together more effectively and in new ways in order to improve health outcomes of populations all of these groups are serving.
- Probably Cambridge has lots of imaginative activities that I just don't know about because they happen during the day or out of my area. There's a Spanish conversation group I haven't attended yet because it's held in the senior center and surely I can't be a senior already! Personally am attracted to fun activities more than meetings (today's interactive workshop was a welcome change from long sitdown lectures/meetings).
- To address today's health issues people in my community would like either fun group activities or workshops where they also take home a plan or a pledge so they know what to do next for their health, like "I will always take a walk after dinner with someone in my family" or "I will sign up for scuba diving/dance/improv comedy" - whatever motivates and is affordable... Does the health dept keep a list of local free activities?
- Prioritize community issues (with help from others)so that collective goals/initiatives could be
- developed and measured
- Lots of ideas expressed today, nothing to add at this time
- Targeted approach to address STIGMA as well as the issues themselves. A focus on RESILIENCY.
- More collaboration with grocery stores and sharing of information on how to navigate them.
- In addition to program areas consider addressing language and cultural competency in a city wide effort.
- I think child care is a big issue. The problems snowball when a family can't afford child care, can't work, which leads to a money issues, sometimes depression. I'm not sure how to supply affordable child care, but I think it's crucial. The voucher wait list is very long, many names on it have already aged out (although vouchers can be used for after-school care), and often voucher funds are frozen. This is very frustrating for families. I don't have a solution, but maybe we could get our city councilors on board. If they have a passion about a particular issue, maybe they could put together a sub-committee to come up with solutions.
- Webinar, community conversations.
- Break down by gender on specific information i.e., bullying
- Identify best approaches along with community partners for sharing this information
- Disseminate common health knowledge to more different communities with their language.
- I would like for the department to look at other communities that have a process for certain issues in their communities that is working well and implement it to fit the Cambridge community. For Example: Quincy MA has a system in place to deal with Domestic Violence. Let's not invent the wheel and collaborate:)

- Language and cultural competency a must in order to address Alcohol and Drug Abuse issues and concerns. Also investigate what fears are presented from families when regarding to seeking medical care.
- Please see DV program in Quincy.
- I'm not sure at this time.
- I was very surprised that none of the GLBTQ+ communities were surveyed or understood as a
- Separate group for survey data. Teaching residents how easy and fun it is to eat healthy could be met through small neighborhood gatherings where residents could see how to cook healthier foods. While many people "know" what it means to eat healthy, many people don't--especially those with tight budgets and those who aren't very savvy in the kitchen.
- Gave input on this at the event
- More intimate and closer collaborations between different agencies that are serving the same families. Cambridge already has a lot of great agencies, we should find out why our residents are not using them and what makes it hard for residents to go to these agencies. Make that within agencies there is no competition and there is an understanding that we are all working together to best serve our Cambridge residents. We have the data telling us what the problems are, with this data we know what the solutions are; we just need to start taking some strong actions.
- Lack of inclusion of LGBTQ Communities and the limited amount of time spent addressing domestic violence as a public health issue makes it difficult for me to figure out how my agency (GLBTQ Domestic Violence Project) can use the information provided effectively.
- Often I don't know who to look to for resources- it would be nice to have a one-stop shopping for staff trainings, resources for individuals I work with, or some sort of update on what kind of
- Topics/messages that are being pushed out for the city so that conversations can happen more easily with residents.
- Linguistic and culturally competent delivery.
- Advocate for trained interpreters to be available for residents when needed.
- Advocate for more housing vouchers for Cambridge residents who are unable to afford the cost of regular housing.
- The Public Health Department should have more health clinic for people of different languages.
- Organized focus groups with diverse organizations and programs.
- By taking in consideration the needs of each group or social categories
- I wanted to hear more about solutions and case study's participants and their ideas.
- Parking :-(
- Thank you.

What strategy(s) do you suggest to share this information with Cambridge residents?

- Presentations to community organizations, such as neighborhood and tenant councils.
- I think the most effective way would be to do a direct mailing to city residents. Other community organizations should be given tailored versions of the results that can be easily understood by the population they serve.
- I think there needs to be a variety of strategies - an electronic version of the report that's available online; an executive summary that gets distributed widely to agencies and organizations that do public outreach; community meetings with the communities that provided focus groups so that those communities can hear about the concerns raised by their contemporaries; maybe something on CCTV...

- Have outreach workers share info directly with their communities, post information on website, have involved organizations push this information out at any of their meetings, forums, newsletters etc.
- Strategy should be multi-pronged and owned by all participants not just the health department as the lead
- Find point people in neighborhoods to champion healthy living. Offer the survey via neighborhood groups and provide information on addressing health concerns in specific neighborhoods. Instead of talking about scary health issues, ask what people in neighborhoods are doing to keep healthy, then reinforce habits that can keep people well. Invite people to join in healthy group activities that are held at times they can attend. Outreach to employers to offer healthy activities during the workday and allow employees to participate.
- Community forums (live the recent Domestic Violence campaign)??
- Workshops with existing venues to share: schools, CET, CPHD, Agenda for Children, businesses, housing authority, CDD, DHA, etc
- some information that each agency could share and then direct them to the full report electronically
- Adopt the information from the health assessment into easily presentable pamphlets that community health/outreach workers can use to educate the population. Also, hold culturally competent workshops for community residents to attend that shares the information.
- Multi-pronged email, CCTV, community meetings, website..
- Not sure.
- work with the private sector to get the word out- sports teams in Cambridge, faith based leaders
- city and school websites
- Use community groups
- Make health newsletter and build a hotline with different language to answer Cambridge residents' questions.
- collaborate with Continuum of Care to put the information on their website
- Privacy a must and work on gaining trust. Home visits may be the best place to initiate process.
- Always mention confidentiality. and warning should someone mention self hurt or injuring other may be reason to alert additional emergency intervention
- social media
- Media, Neighborhood Posting Boards, Posters and information on market bulletin boards...
- Sending this information directly to the residents via mail or via the agencies they are comfortable with. Having workshops like this for residents and to the public and making it easily accessible also translating the data in other languages for the residents who prefer their native language.
- Open forums. Get creative go to already formed activity groups like school-parent committee meetings & churches.
- Home visits.
- Have a News letter available and accessible to the residents. Have the information available on line
- Specific survive about health clinic in your area.
- i think the importance of having information in other languages in simple writing would be the first thing in my mind.
- used Outreach Workers They Know Their community
- Hire outreach workers for more hours to outreach more (full-time salaries).
- visit places they live and gather

- outreach workers, workshops, presentations, multi-language dissemination, multi-literacy level
- dissemination, internet
- Organize a community forum with both residents and government officials as an opportunity to share information. Furthermore, to allow a group of residents to sit on a panel to share their experiences, difficulties and challenges they face as individuals in this great community.
- Do active and one on one outreach; educate people through schools and events that people attend interestingly; phone call "do you know this and that?"
- Train those of us who run programs so we can adjust our services to respond to needs. Example - Baby U - safety training? mental health stigma > where to find services etc. At end of training, each program fills out goal card. You follow up. Bring together HCTF-CET-0-8 Council - ABBOT - DHSP to discuss what each has learned, get a common definition, develop priorities and have each group take or create an action plan.
- Creating shorter/simpler brochures and presentations to share with audiences. Also put out on social media
- outreach - more multilingual resources
- pull out key info and make shorter brochures to share widely
- Use CET outreach workers. And post flyer.

What questions do you still have?

- Can general financial literacy workshops be offered? Money may be such a difficult subject that people will only attend financial workshops if required (as in the Cambridge first time home buyers program) but family income is part of the health wheel. Not saying that financial literacy would clear up affordability issues in the city - more is needed - but it would give people tools to assess their financial situations and try to plan for things like housing, college, family care. The idea is for people to know where they stand financially so they can be clear about what they need and not feel embarrassed to ask for it.
- Next steps
- None. I think Cambridge does an amazing job of trying to address issues and reach out to its diverse community. Language barriers are problematic. More free programs like those at the Community Learning Center would help.
- What is the larger plan? 20 years ago some groups were formed- what is the plan now?
- The lonely old man's physical and mental health
- I want to say this was one of the best events I have attended this year. The event was well organized, useful information and most important the participants were able to give feedback and the feedback will be used to strengthen the community.
- Why were LGBTQ communities not specifically engaged? How was data on Trans* people collected?
- How can we make the public health department stand out more of a hub instead of blending into the community? It seems that you should stand out more.
- Cambridge health is affected by neighboring communities and state and federal laws/policies - how do they play a role?
- How do we solve housing and childcare problems?
- A bit more about how data was collected - survey vs focus groups, etc.
- Data on glossy 4 pager and PPT on # or %s of Cambridge population. Example PPT Hispanic 7% vs glossy 15% so was the figure on PPT related to survey population or census data.

- Need to slice and dice figures if possible beyond Hispanic, Black and Asian regarding health concerns. Can you present data by method of collection?

Any other comments:

- Thank you! Great event.
- Meeting was very informative with a lot of great ideas shared--let's put them into realistic action for the benefit of all we serve!
- Thank you for inviting me!
- I thought the event was very well done and I was pleased to be a part of it. I learned that Public Health is a much broader issue than I realized. Parking was a problem, but I know that finding available space in Cambridge is nearly impossible! Many of us parked a long distance from the Stratton Center, but the upside is that we had to walk!
- Great event, great speaker (she put it well)- would have liked to hear more from other community partners. Would have liked to have know who was all there.
- Great event!
- Maintain optimism
- I was concerned about the lack of inclusion of LGBTQ communities.
- Good space but Not a good location for parking
- Print too small on handout to be useful
- no need for paper, online link better
- 14. Cambridge employers are awesome!
- Whenever we have group discussion, I suggest that every group members to go home with one (1) assignment to work on or to solve and next time, report what we have done (contribute) or in what way we solve the problems.
- thank you!
- Great job!