

**ROUNDTABLE/WORKING MEETING**

**DATE** Monday, March 23, 2015

**TIME** 5:37 PM

**LOCATION** Meeting Room, 459 Broadway

**PURPOSE** Roundtable/working meeting on Community Health

**ATTENDEES** Mayor Maher, Vice Mayor Benzan, Councillor Carlone, Councillor Cheung, Councillor Kelley, Councillor Mazon, Councillor McGovern, Councillor Simmons, Councillor Toomey, Lisa Peterson, Deputy City Manager, Jefferson Smith, Chief of Staff to Mayor Maher, Sandra Albano, Executive Assistant to the City Council, Paula M. Crane, Deputy City Clerk and Donna P. Lopez, City Clerk.

**OTHER ATTENDEE** Claude Jacob, Chief Public Health Officer, Cambridge Public Health Department, Amanda Ayers, Health Resources in Action, Inc., Carmel Ploszaj, Quality Improvement Specialist, CPHD, Susan Kilroy-Ames, Manager, Epidemiology and Data Services, Paula Wharton, Administration, Susan Breen, Senior Director, Public Health Nursing Services, Stacey King, Director, Community Health and Wellness Programs, Barbara Meade, Clinical Director, School Health, Sam Lipson, Director of Environmental Health, Health Department.

**DISCUSSION SUMMARY**

Mayor Maher convened the meeting at 5:37 PM and stated the purpose. He announced that the meeting will not be televised and may be recorded. There will be no public comment and no votes will be taken. He asked Deputy City Manager Peterson to give opening remarks. She emphasized that this meeting is for the Public Health Department to give an overview of the accomplishments and projects of the department for 2015. She stated there is close collaboration between the City and the Cambridge Public Health Department (CPHD). She stated that the City does provide financial assistance. There are partnership collaboration such as the tobacco ordinance and the children's literacy program, men's health initiatives and the public health component of looking at climate change and the public health assessment.

Claude Jacobs, Chief Public Health Officer, spoke of the work done by the CPHD. He oversees the Public Health Department. Mr. Jacobs introduced his staff. Mr. Jacob gave an overview of the PowerPoint presentation (ATTACHMENT A). He spoke of the vision, mission and values of the CPHD in the Annual Report. He stated that there are over thirty different programs at work at the CPHD. The

CPHD develops policies and advocates for change to improve the health and well-being of the residents of Cambridge. He stated that their programs touch the lives of many residents and he explained the snapshot of services offered in 2014. He further stated that the CPHD is the second largest health department in the state. The CPHD staffs the TB clinics and works with the Environmental Health Unit.

Mr. Jacobs stated that the CPHD has gone through substantive process and mobilized leaders to help identify the burden of disease and to focus in on priority areas. The CPHD has reached out and sought input from its main partners. He stated that CDPH is part of a national movement. He informed the City Council that National Public Health Week will be celebrated the week of April 6, 2015. It is the 20<sup>th</sup> year that National Public Health Week has been celebrated. He stated that Cambridge was honored as Inaugural Prize Winner from the Robert Wood Johnson Foundation. He stated that the CPHD is proud of its accomplishments and notes that the next cohort of communities would be recognized next fall.

Amanda Ayers, Health Resources in Action, Inc. spoke about the Community Health Improvement Plan (CHIP). She explained that the Public Health Accreditation Board's (PHAB) goal is to improve public hearing by accrediting public health departments. The objective is to have 60% of the population covered by accredited health departments by 2015. She stated that the accreditation process is voluntary. There are standards from twelve domains and internal preparation which is then reviewed by PHAB. She stated that the three prerequisites for the accreditation is the Community Health Assessment, the CHIP and the Health Department Strategic Plan. These documents lay the groundwork for public health department programs, policies, interventions and the remainder of the review for accreditation. There are 67 nationally accredited health departments nationwide. There are three communities in Massachusetts that are currently participating in the accreditation process. They are Cambridge, Boston and Worcester.

Ms. Ayers noted that the Community Health Assessment (CHA) gives an overall picture of the health related needs of the community. She stated that this examines issues of the community overall as well as those most underserved and provides a foundation for a data driven planning process. Health is thought of in a broad context, including work, plan, environment and physical health. She spoke about the process and the methods.

Councillor Kelley questioned the survey process. Mr. Jacobs stated that the surveys were on-line as well as hard copies were available to different ethnic groups. Ms. Ayers stated that focus groups were used as well as other options to gain information. The process was a participatory approach. People who live in Cambridge were surveyed. She noted that the vulnerable populations that emerged were seniors, adolescents/youth, immigrants, homeless and low-income residents. She explained that the social determinants of health issues were housing, childcare affordability, homelessness and employment. Mr. Jacobs stated that the Health Assessment was available on line.

Ms. Ayers explained the timeline and milestones for the CHIP and the CPHD Strategic Plan. She stated that regarding the CHIP process there were two planning sessions held in January and February 2014 with over 70 stakeholders. Participants voted for topics that they felt best met identified criteria in the areas of relevance, appropriateness, impact and feasibility. There were seven priority areas identified from a list of 37 health topics in 21 categories. She stated that the participants developed plan components for the CHIP. She noted that Subject Matter Experts (SME) were engaged throughout the process to provide input and feedback. The categories of focus were then reduced to

CHIP Priorities which consisted of violence, mental and behavioral health, substance abuse, healthy, safe affordable housing, healthy eating and active living. She noted the cross cutting strategies are health equity and social justice and access to health care.

Ms. Ayers stated that CHIP is intended to be integrated into other efforts in Cambridge such as sustainability, evacuation plan, and strategic plan of the Cambridge Health Alliance, Massachusetts State Health Improvement Plan the national prevention strategy. Cross collaboration and maximizing efforts is very important. She explained the CHIP Roll-Out and the Implementation. In April there will be a kick off meeting to discuss what it means to implement the CHIP plan. CHIP is a city-wide document and process and will look to community leaders to spearhead this initiative. She stated that the CPHD will look through and identify specific objective of what the CPHD will be responsible for implementing. Ms. Ayers stated that the Action Planning Session One will take place on May 21, 2015 and Session Two will be implemented in June. The CPHD steering committee and the Cambridge Community Health Advisory Group will oversee the process and be the communication liaison with the community.

Mr. Jacobs stated that from a national standpoint it is important for the City to enter into this work and thanked the City Council for its support and acknowledged the contributions of his staff.

Councillor Cheung appreciated the work. He noted that the Fire and Police are top rated Departments and now there will a top rated Health Department. He spoke about the cost of health care and he asked where the age related concerns are. He questioned what happened with the dental health in the assessment. He wanted more practitioners on the community health board. Mr. Jacobs stated that the broad priority areas were embedded into the strategies. He stated that health of children is being reviewed and improved. He spoke about the scaled down priorities to the four areas. He wanted key leaders from the City and the Health Department looking for other partners to get on board. He invited the City Council to be part of this process. Councillor Cheung spoke about the importance of dental and oral health especially since funding has been cut and the direct correlation to diseases. Mr. Jacobs stated that under health access they heard that the challenge is that people are feeling under-insured. Health care challenges will be addressed. He stated that at the Health Department there is a dental clinic and screenings are provided.

Councillor Toomey stated that these are challenging time. He expressed his concern about the psychiatric services. He stated that he feels that the Health Department can do a better job selling themselves. He stated that people are interested in knowing the difference services that are available. Deputy City Manager Peterson explained that a special City Council meeting has been scheduled for April 10<sup>th</sup> to address the status of the merging of the psychiatric and medical emergency rooms.

Vice Mayor Benzan stated that mental health issues have a significant impact on stress levels, especially for persons of color. He stated that he wonders how to help those who are dealing with serious mental health issues. He stated that he sees the mental health issue as a very important piece of the conversation. It may be more helpful to get more people "on the ground." He wanted to know how to get people to talk about their issues. He stated that there is a lot of anger and frustration in the community. How can this be tackled. He asked how community health workers are developed. Mr. Jacobs stated that the definition of health is a state of being. He stated that it is the role of the CPHD to look at the connectivity. He stated that the CDPH is making sure they magnify their work relative to mental and behavioral health.

Stacey King informed the City Council that Mental Health First Aid is now a 12 hour training program. The Health Department has a two person staff that are trained in Mental Health First Aid. The program is designed for health and human service front line workers around mental health to be able to refer people to the proper services. This is a means of helping the staff that is already deployed around the city. The idea is that the more you know about the people you are dealing with, you are better able to guide a person to services and learn the best ways in how these individuals can be approached. They hope that anyone is able to take the training and there is a lot that can be applied. She stated the importance of community health workers. The Health Department has worked closely with the Community Engagement Team to building training called Making Connections which is for city workers who are doing front line work. This training has similarities to that provided to community health workers. This has been piloted with sixteen people in the fall and there are plans to expand this program. Mr. Jacobs added that Massachusetts has offered a formal certificate program tied to health workers. This is an extension of what is happening coast to coast.

Vice Mayor Benzan asked if first responders are trained about Narcan. Ms. King stated that there is NARCAN site on Green Street. It provides training and some drug stores distribute Narcan without a prescription. She stated that it is about getting the word out to individuals and families who need to be carrying Narcan and how to use it. Mr. Jacobs stated that the Fire and EMS already carry NARCAN. Education and training is provided to the first responders.

Vice Mayor Benzan spoke about the need to create public spaces where people will intersect with other people. He stated that this impacts the health of families and the senior citizen population. Mr. Jacobs stated that they look at residents and the broader concept of where they live, work and play. The Health Department is a resource for other partners in the City.

Councillor Carlone stated that he was glad to hear that the neighborhood setting was included when talking about affordable housing. He stated that studies show that open spaces and public places are important to the health of people. He stated that farmers market and sports events and street festivals are places where information can be disseminated. He commented that fountains, watching children, sporting events all contribute to mental health and well-being. He stated that we generally talk about physical buildings and social centers, but rarely talk about public spaces. He stated that the overlap of urban design and public health are related.

Councillor Mazen questioned the procedure, in particular about the type of procedure that leads to multi-year goals. He stated that multi-year timelines lend themselves to credible skepticism and asked how it can be treated to a realistic goal. Mr. Jacobs stated that the journey to arrive at this place was a ten year journey. He stated that this plan adds rigor to the multi-year plan. There are systems of accountability and reporting must be done yearly to maintain the accreditation. He stated that there will be an expectation. April is used as awareness month and the plan will be presented in April. Councillor Mazen asked if the commitment would be compared to the promise and what actually happened. Mr. Jacobs stated that the Health Department will report out the course corrections and the metrics reported to the national body will be presented to the City Council side by side.

Councillor Mazen spoke of the advisory group composition and asked if there is an opportunity to bring a substantial number of on the ground organizations without interrupting the speed and

cohesiveness. He felt that something is missing from the advisory group. There is no representation of the lower socio-economic population on the committee. Mr. Jacobs stated that he does have a breakout of who helped to inform the process and offered to share that information to the City Council. He stated that this is a work in progress.

Councillor McGovern stated that he was happy to see emphasis on the mental health services. He stated his concern that there is a difference between a person in a police uniform and an outreach or social worker not in a uniform. He stated that he would like more outreach workers to do more with the homeless, mentally ill and youth. He asked if community health workers are on the street. Mr. Jacobs stated that they are investing in the capacity to connect with residents via volunteers and health workers. This has been identified as an area of need and investment is being made in the capacity to connect. Ms. King stated that there are two outreach teams that are relevant. They are the Men's Health Team who target men. Their job is to get men into health services. They work one-on-one and are deployed in different settings. The other group which is not based in the Health Department is the Community Engagement Team. Councillor McGovern asked about the funding spent on professional development and what is follow up after training for these workers. Ms. King stated that one of the jobs of the planning team is to figure out a suitable alumni team. The other piece that will be as effective is that the individuals who have gone through the training want to become trainers. She further stated that work is being coordinated with the Police Department to develop a vicarious trauma tool kit for first responders who may need support for their mental health. Councillor McGovern commented that there is always concerns about people who have not been heard from. He suggested having someone stationed at food pantries, shelters and senior housing because their voices need to be heard and represented.

Councillor Cheung stated that on the list of partners and resources he would like to see added more biotech companies. He stated that the DCR on the Boston side has an outdoor park. The Boston side is nicer than the Cambridge side by the bridge. Working with them to do more outside would be a good thing. He stated that the Charles River Conservancy would be another good partner. He stated that the Recreation Director has been doing concussion prevention work. Mr. Jacobs stated that on the concussion regulation they are in the process with the DHSP, Police, School and Law Departments to put together a citywide regulations.

Susan Breen, Senior Director, Public Health Nursing Services, stated that 2015 middle grade survey will be coming out in the fall. The executive summaries are posted on the school web site. The 2016 teen survey will be implemented.

Councillor Toomey suggested that neighborhood training session on Narcan would be beneficial. Mr. Jacobs stated that this is about awareness and training and collaboration with partners.

Councillor Carlone spoke about the light and noise ordinances. He asked if the Health Department is involved in the ordinances. Sam Lipson, Director of Environmental Health, responded that the Health Department does get involved with the ordinances at times when issues impact the neighborhood. He noted that he has received calls and complaints about noise and they seem to be increasing. He stated that it may be beneficial to revisit the noise ordinance. He stated his concern about the overall noise levels. He stated that the License Commission deals with noise complaints.

Mayor Maher mentioned that as Chair of the School Committee he has noticed an area of concern that is an emerging. The issue is how teachers are handling social and behavioral issues. The classroom teachers do not know how to handle these issues which are becoming more prevalent. He stated that this is not a school issue; it is a community problem. This issue is coming to the forefront in all classrooms and teachers and administrators are feeling a lack of support. He spoke about the students who have behavioral problems that are affecting the learning of the majority of classrooms. Mr. Jacobs stated that it is important to look at the alignment of the Health Department and recognizing how they can participate. The health profile of the student is changed over time.

Barbara Meade, Clinical Director, School Health, stated that as part of community assessment this topic was discussed. It is something that there are plans to address in the CHIP process. The school nurses are making appropriate referrals to physicians and psychologists.

Councillor McGovern stated that the Healthy Children's Task Force is looking at ways in which to help the staff deal with challenging behaviors in a non-punitive nature

Mayor Maher stated that the Kids' Councils, DHSP and the Mayor's Office have been exploring programs such as City Connects to identify every kid to ensure that they are getting the services needed. Using a pyramid model, the program is expensive. The School Department will pilot this program. This may require resources from the City, but experienced teachers are say that they need help.

Vice Mayor Benzan stated that the schools are taking on the increased burden of societal problems. He commented about the impact of technology on students and the addiction to technology. Mr. Jacobs stated that the impact of technology on families and students should be included in the health assessment plan.

#### ADJOURNMENT

On motion of McGovern the meeting adjourned at 7:41 PM.

A TRUE COPY:

ATTEST:-

Donna P. Lopez, City Clerk



**Health Resources in Action**  
*Advancing Public Health and Medical Research*

# Cambridge City Council Roundtable

March 23, 2015

CRLS

5:30 p.m.-7:30 p.m.



# Overview of National Accreditation Effort and Cambridge Community Planning Process



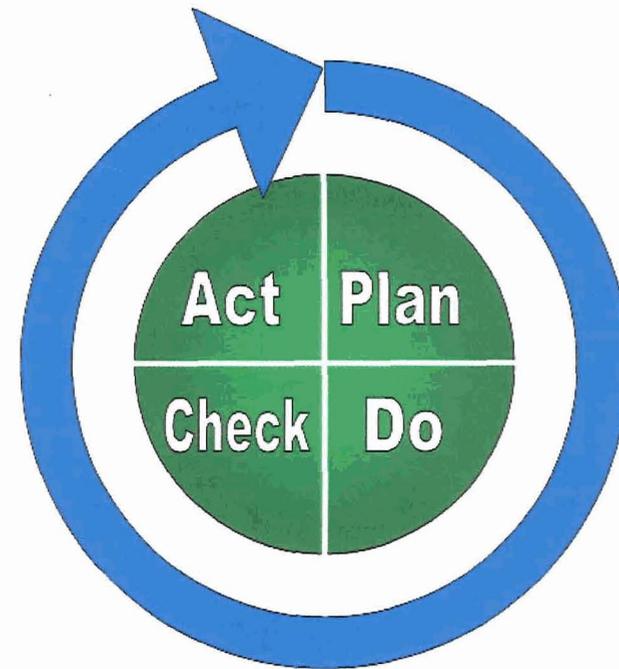


- Private, non-profit established 2007
- Partners:
  - Centers for Disease Control and Prevention(CDC)
  - Robert Wood Johnson Foundation (RWJF)
  - Association of State and Territorial Health Officials (ASTHO)
  - National Association of County and City Health Officials (NACCHO)
  - National Association of Local Boards of Health (NALBOH)
  - American Public Health Association (APHA)
- Goal: Improve and protect health of the public by advancing quality and performance of all public health departments
- Objective: 60% of population covered by accredited health departments by 2015



# PHAB Strategy

- “Accreditation drives Quality Improvement, (QI), and QI improves the performance of health departments.”



# PHAB Accreditation Process

- Voluntary program
- Uses performance standards in 12 domains
  - CDC 10 essential services plus...
  - ...Governance, Administration & Management
- Intended for state, local, tribal, and territorial health departments
- Internal preparation and application
- External evaluators



# PHAB Accreditation

- Three prerequisites for accreditation:
  - Community Health Assessment (CHA)
  - Community Health Improvement Plan (CHIP)
  - Health Department Strategic Plan (SP)
- These documents lay the groundwork for public health department programs, policies, and interventions, and the remainder of the review for accreditation.



## Public Health Departments that have Achieved PHAB National Accreditation

- As of March 5, 2015, 67 Health Departments have been accredited
- New England Health Departments that have been accredited:
  - Vermont Department of Health, Burlington, Vermont
  - Norwalk Health Department, Norwalk, Connecticut
- As well as Health Departments in the following states:
  - California, Colorado, Florida, Illinois, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Montana, New York, North Carolina, Ohio, Oklahoma (state and local), Pennsylvania, Oregon, Texas, Utah, Virginia, Washington (state and local), Wisconsin
- **Participating in the accreditation process in MA:**
  - **Cambridge, Boston, Worcester, MA State Department of Public Health**



January 1, 2015

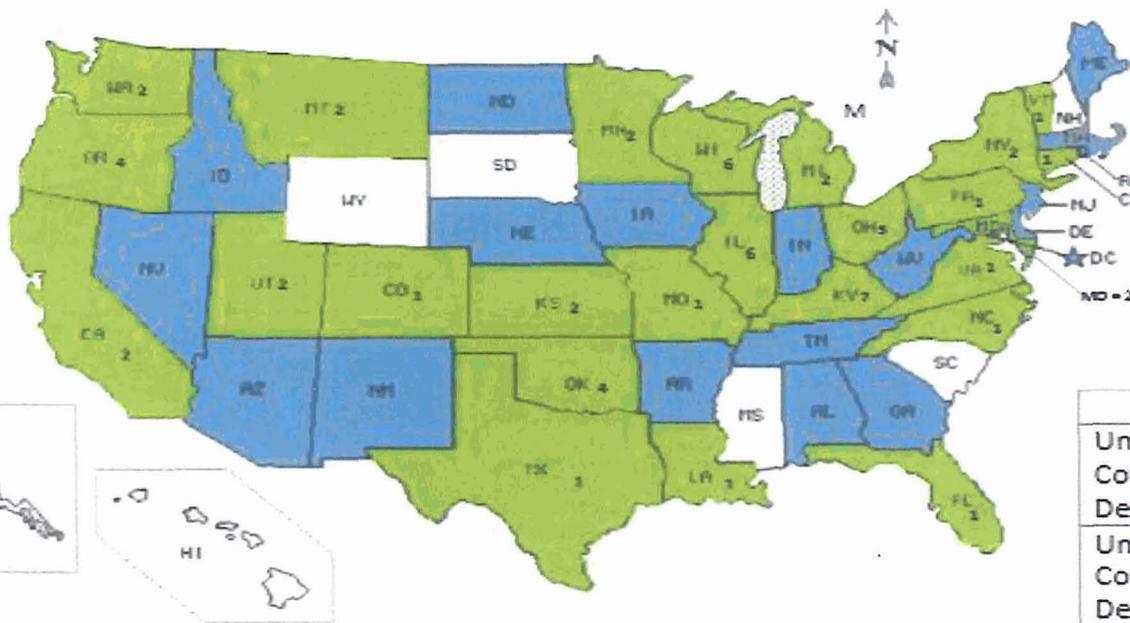
Public Health Accreditation Board (PHAB)

Distribution of Health Departments:

- Local: 207
- State: 28
- Tribal: 2
- Centralized States Integrated System<sup>1</sup>: 67
- Multi-Jurisdictional: 7

308 Health Departments in

e-PHAB



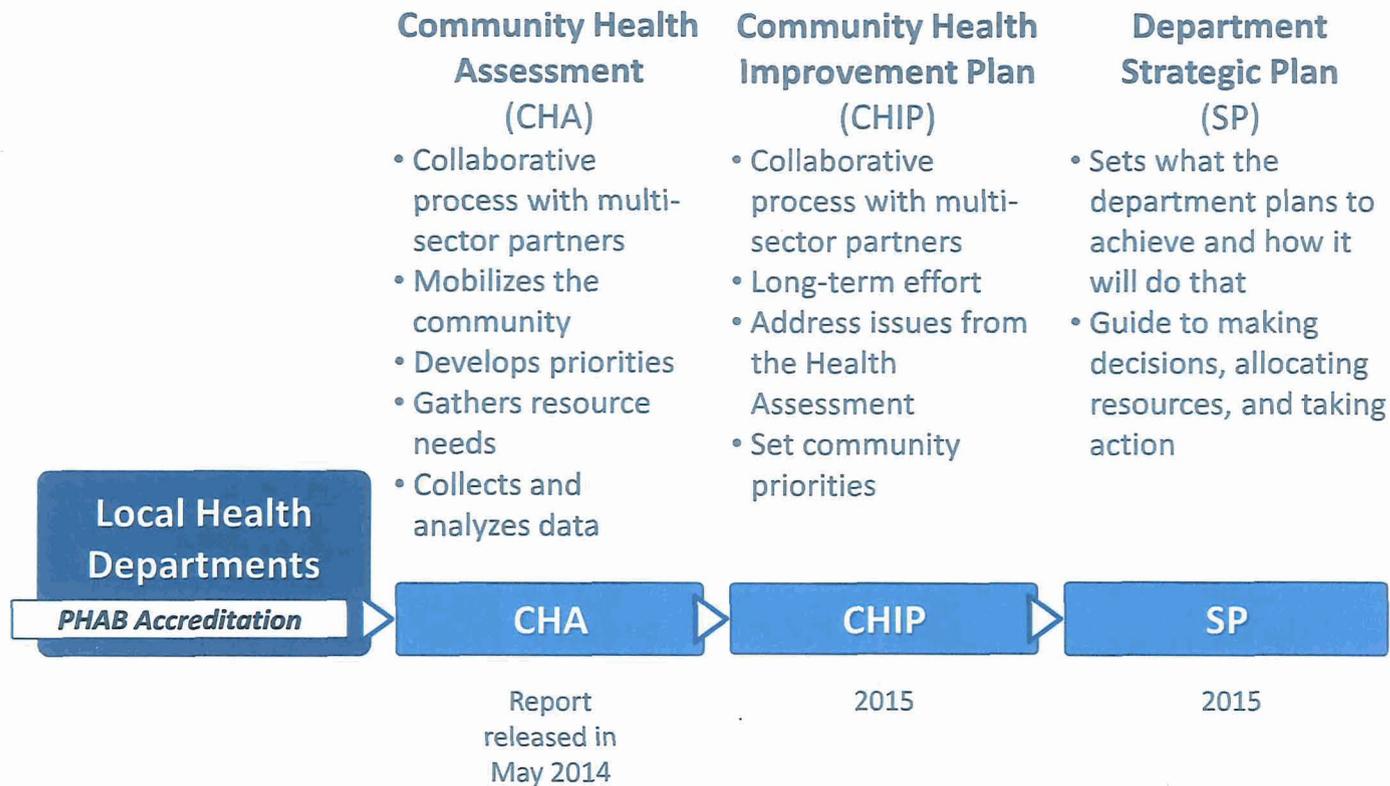
Key

- States with health departments in process
- States with accredited health departments

Population (last updated 12/12/2014)	
Unduplicated Population Covered by Health Departments in e-PHAB	205,256,913 (66% of US population)
Unduplicated Population Covered by Accredited Health Departments	111,341,606 (33% of US population)

<sup>1</sup>Single accreditation for multiple health departments

# Health Department Planning Processes and Incentives



# What is a Community Health Assessment?

- Provides a portrait of the health-related needs and strengths of a community
- Examines issues of the community overall as well as those most underserved
- Provides a foundation for a data-driven planning process



# Thinking about Health Broadly



# Assessment Process and Methods

- **Community-based, participatory approach**
  - Led by Cambridge Public Health Department with engagement from numerous partners, organizations, and residents
- **Reviewed existing data on social, economic, and health issues**
- **Conducted community health survey with 1,627 respondents who live or work in Cambridge**
  - Explored health concerns, health care access, & priorities for services and programming
  - About 20% of survey respondents speak language other than English at home



## Methods - Focus Groups and Interviews

- Focus groups and interviews conducted with over 70 people
  - Outreach workers and community organizations were critical to focus group efforts
- Example focus groups
  - American-born Black adults, immigrant women and families, low-income residents, seniors, youth
- Example interviews
  - City councilors, health care providers, police department, leaders from faith-based and disabilities communities



# Vulnerable Populations and Social Determinants of Health Issues

## Vulnerable Populations

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

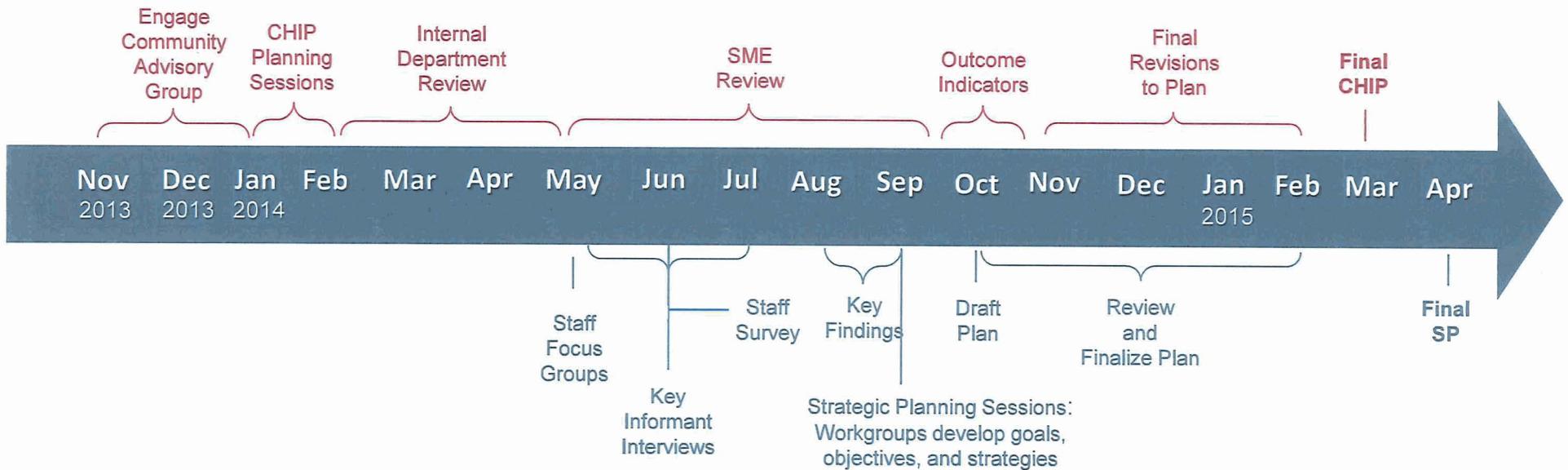
## Social Determinants of Health Issues

- Housing affordability
- Childcare affordability
- Homelessness
- Employment



# Cambridge Public Health Department Timeline and Milestones

## CHIP: Cambridge Community Health Improvement Plan



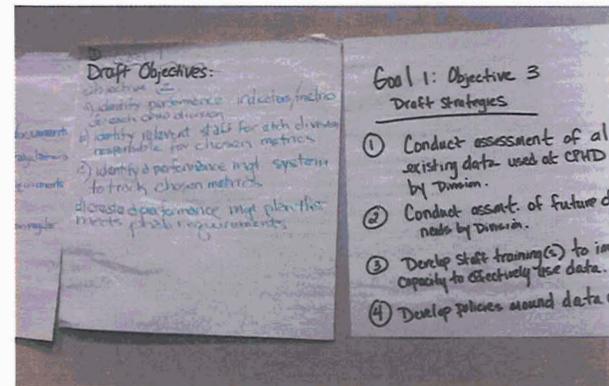
## SP: CPHD Agency Strategic Plan



# Community Collaboration & Team Work



# Community Collaboration & Team Work





# Review Community Health Improvement Plan (CHIP)



# CHIP Process

- Two Planning Sessions were held in January & February, 2014:
  - >70 community stakeholders participated
  - Priorities were identified
    - Participants voted for the topics that they felt best met identified criteria in the areas of relevance, appropriateness, impact and feasibility.
    - Seven (7) Priority Areas were identified from a list of 37 health topics in 21 categories
    - Priority 7; Health Equity/Social Justice was changed to a cross-cutting strategy across the entire plan
  - Participants developed plan components for the CHIP (Goals, Objectives, Outcome Indicators, Strategies)
  - Subject Matter Experts (SME) were engaged throughout the process to provide input and feedback.



# CHIP Priorities

- Violence (*emphasis on Intimate Partner Violence, Sexual Assaults*)

- Mental and Behavioral Health
- Substance Abuse (*includes Tobacco*)

*Mental / Behavioral Health and Substance abuse were combined into one priority area due to the fact that they are often intertwined.*

- Healthy, Safe and Affordable Housing
- Healthy Eating & Active Living

- Health Equity / Social Justice
- Access to Health care

*Health Equity and Access to Health care were amended to become cross-cutting strategies instead of a stand-alone priority areas because these concepts are to be imbedded in our day-to-day efforts.*



# CHIP Priority Areas & Goals

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



## Cross Cutting Strategies

- **Health Equity and Social Justice:** Addressing health issues for disadvantaged or vulnerable populations with significant health disparities.
- **Health Access:** Addressing access to health, where access is meant to be broadly inclusive. In this document, access includes the ability to get to and obtain needed healthcare services. Thus, the definition of “access” could include:
  - Transportation (i.e., public options near provider locations/hubs)
  - Insurance coverage
  - Medicaid/Medicare coverage (and gaps)
  - Provider Supply: location, qualifications, numbers to handle demand (i.e., issue in medically underserved areas)
  - Hours of service/operation for providers (i.e., evening and weekend hours for those who cannot leave work and/or work multiple jobs)
  - Culture and language sensitivity
  - Services/Program Supply: available foods, classes, outreach, support groups, etc.



## The CHIP and Other Initiatives/Efforts

- The CHIP is intended to be an integrating and supporting document for other public health related plans and processes in Cambridge.
  - Community Development Department
    - Sustainability Tools for Assessing and Rating Communities (STAR)
    - Hazard Vulnerability Assessment
  - Fire Department - City Evacuation Plan
  - Cambridge Health Alliance - Strategic Plan
  - MA State Health Improvement Plan
  - National Prevention Strategy



## Discussion on CHIP Roll-Out and Implementation

- We want your thoughts on important considerations for rolling out the final CHIP and implementing the CHIP
  - How would you like to learn what is happening and what is working? Best practices?
  - What community assets can contribute to CHIP implementation (existing partnerships, organizations, coalitions)?
  - What are the best mechanisms for communicating progress and assuring accountability as we implement the CHIP?



# Cambridge Public Health Department

- The CPHD has identified focus areas of the Community Health Improvement Plan for which the department will take a leadership role during implementation.
- CHIP completion timeline: April 2015



# Recommended CPHD CHIP Focus Areas

<b>Objective 1.2</b> <span>DEV</span>	Increase the awareness and understanding of mental health and mental illness in Cambridge by 2020
<b>Objective 1.4</b> <span>PH2 DEV</span>	Reduce the number of opioid overdoses to meet specified targets by 2020 .
<b>Objective 1.5</b>	Reduce alcohol, tobacco, and drug use in youth ages 12-18 years to meet multiple specified targets by 2020.
<b>Objective 1.6</b> <span>DEV</span>	Reduce alcohol, tobacco, and drug misuse and abuse in adults ages 18+ to meet multiple specified targets by 2020.
<b>Objective 2.1</b> <span># DEV</span>	Increase Cambridge residents' awareness and understanding of domestic, sexual, and gender-based violence and available community resources by 2020.
<b>Objective 2.4</b> <span>= 🔑</span>	Increase childhood screening rates for violence exposure by 2020.
<b>Objective 4.1</b> <span>= 🔑</span>	Increase the availability of and access to affordable food and beverages for all residents by meeting specified targets by 2020.
<b>Objective 4.2</b>	Increase the visibility of and access to tap water for all Cambridge residents and employees by meeting specified targets by 2020.
<b>Objective 4.5</b>	Increase the relative percentage of adults, adolescents, and children who engage in daily moderate to vigorous physical activity as per CDC recommendations by 3%.



## CHIP Implementation - Steps

- Kick-Off Meeting – April 30<sup>th</sup>
- Action Planning Session One – May 21<sup>st</sup>
- Action Planning Session Two – June (*Date to be confirmed*)
  
- CPHD steering committee and the Cambridge Community Health Advisory Group will oversee the process and be the communication liaison with the community



# Cambridge Community Health Advisory Group

- **Moacir Barbosa** – *Cambridge Public Health Subcommittee – Health Resources in Action*
- **David Bor, MD** – *Cambridge Health Alliance*
- **Iram Farooq** – *Cambridge Community Development Department*
- **David Gibbs** – *Cambridge Community Center*
- **Brian Greene** – *Pentacostal Tabernacle*
- **Robert Haas** – *Cambridge Police Department*
- **Denise Jillson** – *Harvard Square Business Association*
- **Faith Marshall** – *Cambridge Housing Authority*
- **Michael Muehe** – *Cambridge Commission for Persons with Disabilities*
- **Paula Paris** – *Cambridge Public Health Subcommittee - JFYNetWorks*
- **Lisa Peterson** – *City Manager's Office*
- **Paulo Pinto** – *Massachusetts Alliance of Portuguese Speakers*
- **Richard C. Rossi** – *City Manager's Office*
- **Ellen Semonoff** – *Cambridge Department of Human Service Programs*
- **Niti Seth** – *Cambridge College*
- **Carolyn Turk** – *Cambridge Public Schools Department*
- **Deborah Klein Walker** – *Cambridge Public Health Subcommittee – Abt Associates, Inc.*
- **Patrick Wardell** – *Cambridge Public Health Subcommittee - Cambridge Health Alliance*



## CHIP Implementation – Partners & Resources

- 100+ agencies, programs, organizations, support groups and initiatives throughout the City of Cambridge were discussed as partners and resources throughout the CHIP planning process.
  - Partner
  - Collaborate
  - Share resources
  - Build capacity



# CHIP Implementation - Timeline

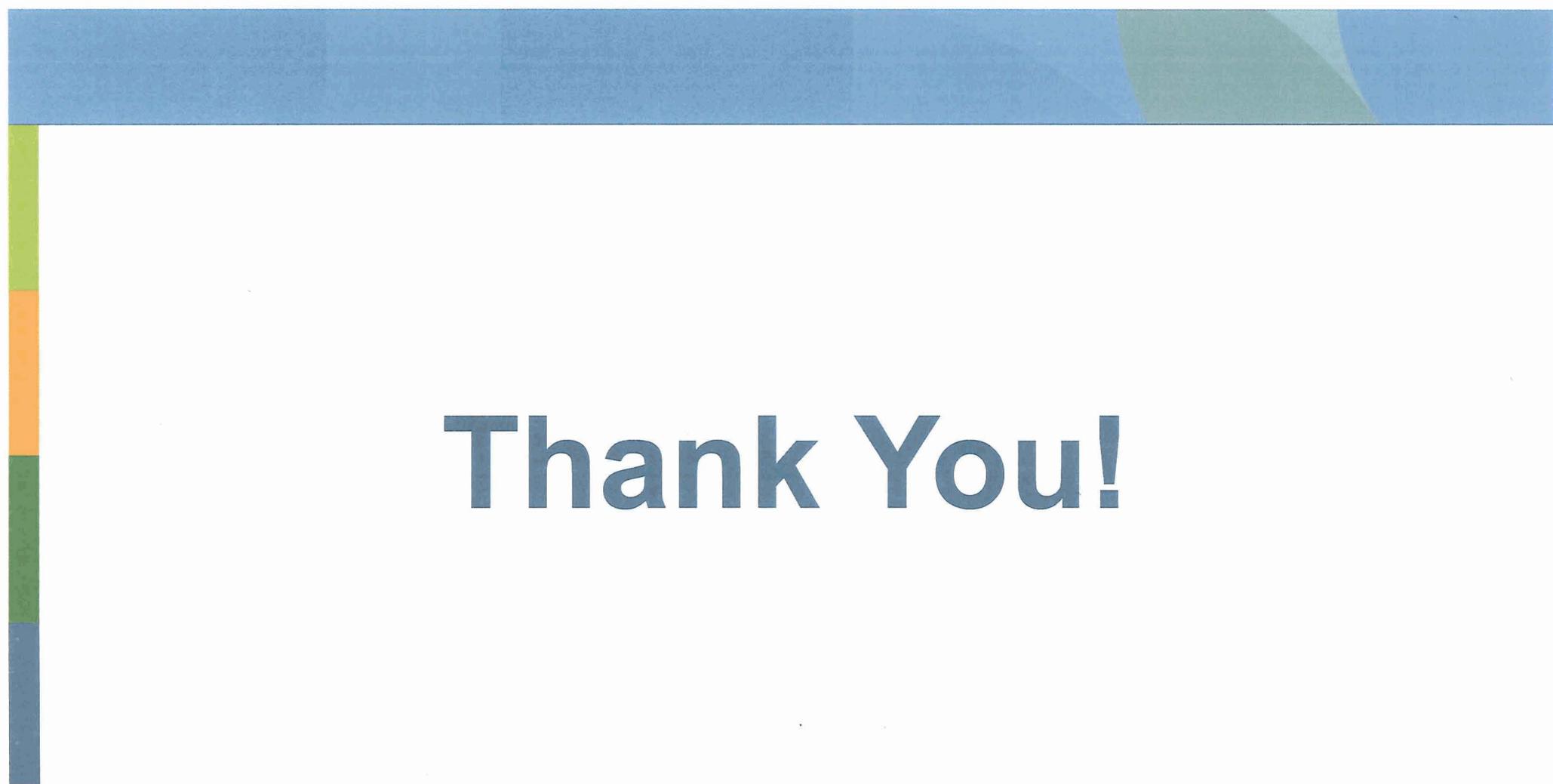
Action Planning Sessions  
April – June 2015

Community Event  
September-October 2015



# Questions & Next Steps





# Thank You!

