

Master Plan Committee

Jessica Porter, Co-Chair
Sarah MacDonald, Co-Chair
Alix O'Connell, Clerk
Josh Donati
Shaw McDermott
Margaret Adams Whitfield
James Antonizick
Dan Hart
Andrew Tittler
Sharna Small Borsellino
Nathan Gauthier
Dieckmann Cogill
Daniel T. Maher
Justin A. Humphreys
Jay O'Brien
Scott Steeves



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DEDHAM 2030 MASTER PLAN COMMITTEE MEETING

Tuesday, November 20, 2020, Zoom

Present:

Jessica Porter Planning Board Member
Shaw McDermott, Dedham Resident
Andrew Tittler, Dedham Resident
Nathan Gauthier, Sustainability Committee Member
James Antonizick, Dedham Resident
Sharna Small Borsellino, Dedham Resident
Sarah MacDonald, Select Board Member
Alix M. O'Connell, Parks & Recreation Board Member
Daniel T. Maher, Dedham Resident
Margaret Adams Whitfield, Dedham Resident
Josh Donati, School Committee Member
Justin A. Humphreys, Dedham Resident
Dieckmann Cogill, AICP, Dedham Resident

Not Present:

Jay O'Brien, Planning Board Member
Dan Hart, Open Space Committee Member
Scott Steeves, Zoning Board of Appeals Member

Jeremy Rosenberger, Planning Director, opens up the 10th Master Plan Committee meeting with a quick overview of the Master Plan process. The Co-Chairs, Jessica Porter and Sarah MacDonald, greet and thank everyone for their time in discussion. Josh Fiala, Principal

Planner at MAPC, goes over the Zoom webinar protocols, and Committee values and expectations. He briefly discusses the draft one sheet summaries of both Economic Development and Transportation Connectivity. The one sheet summaries are being made to sum up the topic areas and distribute the information to the broader audience. The intention of the one sheet summaries is to use these to engage the Dedham community prior to community open houses. Conversations at the open houses will be centered around these one sheeters. Committee members will be given time to review the one sheeters and provide MAPC with comments.

Mr. Fiala briefly went over the series of topic area meetings and the timeline. He then introduced Carolina Prieto, the Community Engagement Specialist at MAPC.

Community Engagement Update

Ms. Prieto thanked all participants for their efforts in the Poster Campaign. She went over the project website insights and talked about the Poster Campaign implementation. There have been about 50 inquiries and 12 responses through the online portal. Additionally, there have been 6 text message responses. Ms. Prieto asked the Committee if they had any questions. Sarah MacDonald asked if the posters were all out. Michelle Tinger, the Community Planning & Engagement Specialist, informed the Committee that majority of posters have been posted around the Town. Mr. Rosenberger added that staff is able to print out any additional 11x17 inch or smaller posters if needed.

Mr. Fiala then introduced the save the dates, which contain additional information regarding the topic areas that will be discussed at each of the community open houses. He then introduced Elaine Zhang, the Public Health Planner at MAPC.

Topic Area Presentation on Public Health and Livability by Elaine Zhang

Examples of other Master Plans

Ms. Zhang used examples from the Revere Master Plan, which was completed in January 2020, and the Sharon Master plan, which was completed in mid-2019. For the Revere Master Plan, the goal of the public health element was to understand the current health conditions and behaviors that residents in Revere were facing and to assess the risks and opportunities presented by the built, natural, and social environments. This plan also sought to identify where healthier outcomes could be achieved through community design and strategies. For the Sharon Master Plan, the inclusion of the public health element provided a more holistic view to the typical planning elements. Through call outs and icons, public health effects or implications were highlighted among the elements. As a result, people were directed to relevant resources and research. Ms. Zhang also included Wellesley as another example. As a result of including public health as an element in their master plan, additional municipal and local stakeholders that aren't typically involved in master planning processes were part of the conversation. For example, the aging population and older adults showed issues that needed to be address. As a result of these voices, the Council on

Aging was able to provide feedback and was engaged in conversations with the Public Health Department, which is important because their perspectives might not have initially been included in the master plan. Lastly, the common thread across these and other master plans that MAPC has been involved in is that public health connects all the other elements together and it creates cohesiveness within a master plan. Additionally, it provides an opportunity to call out important factors within a community, such as health outcomes that wouldn't actually come across in other elements.

Poll Everywhere Question: What is health? How would you define health?

Ms. Zhang went over the definition of health, as defined by the World Health Organization. It is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The definition of health takes into account the majority of everyday life that lead to health outcomes for people with this definition in mind. When we start to explore why certain populations may experience worse health outcomes compared to other populations, specific factors within the social and physical environment start to come to light.

Previously it was really common to assume that health is an outcome of a person's ability to access healthcare, see a doctor on a regular basis, or even have good genetics. Although these factors are important to consider and factor in in understanding health outcomes, a plethora of emerging research indicates that how we build our environment affects the health and wellness of residents. Research suggests that health outcomes are often tied to the social environment and behavioral factors within communities and within the context of that residents live, play, work, eat, worship everyday life. The relationship between health and planning is further reinforced by data on chronic rates, chronic conditions and leading causes of health within the U.S. If you analyse existing data, you'll see that the U.S. has been experiencing increased levels of chronic diseases, such as obesity and diabetes, and as a result, people are dying from heart disease, strokes, and lower respiratory diseases. All of these diseases are highly preventable as they are the results of behaviors, choices or influences that come directly or indirectly from a community's surrounding environment. Planning and planners in turn can really have a huge impact on shaping health outcomes because they have the power and influence to guide decisions being made around the built environment.

Social Determinants of Health (SDoH) Framework (Why consider health)

In looking into factors within our built and social environment, such as housing, transportation, job security, economic development, crime and safety and others, we start to examine the social determinants of health that people and communities face. Additionally, when we try to examine why specific populations, neighborhoods, municipalities or regions may experience differences in health outcomes or health inequities, conditions within the built environment can be traced back to. Ms. Zhang highlights that factors, such as healthcare, genetics, and social, environmental, behavioral factors, have a trickle-up effect. These factors contribute into building a healthy society and turn a healthy environment into healthy communities, and in turn, healthy people. Ms. Zhang showed a video called "A Tale of

Two Zip Codes.” Ms. Zhang also showed research that came out of Virginia Commonwealth University from 2012. In this research, it found that Roxbury residents within the Boston neighborhood has a life expectancy of 59 years. Less than half a mile away, across Massachusetts Ave. within the Back Bay neighborhood, residents had a life expectancy of 92 years. That is a 23 year difference, and when you start to examine why there is such a big discrepancy in life expectancy between Roxbury and Back Bay residents, the research found that Roxbury residents identified lacking everyday access to healthy food options, safe spaces for them to exercise, good paying jobs, stable and safe homes. Roxbury residents also shared that they were also more likely to skip out on preventative and regular doctor’s appointments because they couldn’t afford to miss work. The video and the research shown hone in on the idea that the built environment and what residents have access to or may not have access to really plays a crucial part in shaping health outcomes among residents.

The bigger question here is: Why should other elements or other municipal departments consider health when it comes to a master planning process? Part of it is in order for a master plan to be successful and collaboration is the key into thinking about how to have a successful master plan. Factors that go into a successful collaboration include identifying where pursued goals can be, sharing information, listening and learning, practicing reciprocity, and empowering community. Identifying shared goals among other elements and making changes to the built environment creates a web of outcomes that benefit other aspects of the community, which can ultimately make it more livable.

Dedham residents identified that they want safer infrastructure so that they can engage in walking and biking. By implementing policies that really aim to provide residents with safer walking and biking infrastructure, with health in mind, immediate impacts can be observed, such as an increase in physical activity and a decrease in the risk of traffic related injuries. Additionally, you can also start to see positive impacts, such as fewer vehicle trips, and land that is now available to be repurposed for high priority use, such as parks or business development. When we start to examine the intermediate impacts, we can start to potentially see improved air quality and greenhouse gas reduction, increased foot traffic for local businesses, and then long-term lower rates of respiratory illness and lower risk of health impacts related to climate change. In addition to not only achieving transportation and health goals, we also see potential co-benefits for economic development, parks and recreation, and environmental health conditions.

The final consideration that Ms. Zhang pointed out to is why we should consider health, and the definition of health by the World Health Organization. Health is more than people just not being sick. Health really starts long before illnesses. It starts in our homes, schools, communities, and jobs. Illnesses that we often see people experience are just the tangible invisible examples of health, but, oftentimes, this really is just the tip of the iceberg, and when you peek below the surface, you start to see multiple factors and scenarios that led up to these illnesses presenting themselves. When you start to create and improve communities that ensure everyone has an equal opportunity to be healthy, you ultimately create livable communities for all residents. Ms. Zhang paused for questions.

Andrew Tittler recommended reaching out to Leanne Jasset and other members of the Dedham Board of Health. He wondered whether their experience over the last few months has indicated to them that any changes in bylaws or other forms of governance would be helpful to them in future pandemics. He shared that there is a golden opportunity to learn from experience right now. Ms. Zhang shared that she was able to connect with staff from the Health Department and members from the Board of Health.

Margaret Adams Whitfield asked what data Ms. Zhang has collected about health outcomes for the Town. Ms. Zhang shared that in 2019 Norwood Hospital completed their community health needs assessment. Dedham is one of the municipalities in this assessment. Existing conditions, as it relates to chronic diseases, such as obesity, heart disease, lower respiratory disease, and mental health for youth, were all reviewed within that community health needs assessment. The Department of Public Health also has a tool called the Population Health Information Tool (PHIT). From there, information was also pulled as it relates to Dedham around several different factors relating to chronic diseases. Ms. Zhang did mention that their data is backlogged so she was hesitant in highlighting it. The recent data might be from 2016, maybe even 2014. Because it is a little outdated, it might not be a representative snapshot of Dedham.

Diane Barry Preston, a member of the audience, mentioned that the Tufts Health Plan Foundation has a lot of data on healthy aging for the population over 55 years from as recent as 2018. Ms. Barry Preston also shared that the Beth Israel Deaconess Needham has great information on Dedham, and as a Community Benefits Advisory Committee Member, she can help gather data for Mr. Zhang. Lastly, Ms. Barry Preston mentioned the age-friendly communities initiative in Dedham, called Livable Dedham.

Ms. Adams Whitfield wondered about the rate of mental health needs and asthma rates, including life expectancy. Ms. Zhang mentioned that she will get back to that.

Sarah MacDonald asked at what timeframe progress can be seen regarding the health indicators. Ms. Zhang mentioned that in the field, it's called logic modeling, and so there are different standards: immediate impacts can be up to one year, intermediate impacts can be three to five years; and long-term impacts can be five years and later. The timeline depends on when you think about what indicator you're looking at and what sources are available to provide data as it relates to that. It becomes a question of what hospital data becomes available and how timely that's made available. It might depend on when you consider what health metric you're looking at.

Shaw McDermott shared sources for data and collaboration. These included the Walden Behavioral Care and the Harvard Medical Faculty Physicians. He also emphasized that the Dedham Corporate area is going to be a major center with transportation of various facilities or that it could be so for biomedical sciences. He mentioned that the Committee ought to look at how the community is attuned to what they are doing and what is happening in the economic development front for purposes of assessing how we can encourage public health oriented opportunities in that area. He mentioned that collaborations should be made with large corporations like supermarkets, which would be critical in helping the Dedham

population and others as well to get these stores attuned to quality offerings and distributions of information that emanates from MAPC's studies. Finally, he mentioned that there are shops that are located both within and just outside of the Town boundaries that serve as great resources to be taken advantage of.

Nathan Gauthier mentioned that most of the time when we look at things like walkability and the distance to parks and bicycle routes, we think very much in terms of ideal conditions in summer. As someone who has little kids, when it's rainy or snowy, the opportunities for outdoor activities goes way down. The things that a Town can do to support public health is looking at access to outdoor space and activities during the different seasons of the year.

Ms. Adams Whitfield added many families will report long waiting lists for mental health resources. She also added that she was unsure if there is enough data to know the impact of public health on our communities. Ms. Adams Whitfield mentioned that there are more families now accessing the Dedham food pantry due to the pandemic and asked what the impact of food insecurity is in the Dedham community. He wanted to know how many families were evicted pre-pandemic and what the impacts of the loss of housing are on public health and mental health needs in the community. She also added other concerns, such as homelessness, alcohol use among the youth. Lastly, Ms. Adams Whitfield mentioned the possibility of looking at the youth surveys that have been done by the schools on health.

Survey Results

Ms. Zhang went over survey results.

What concerns do you have for the health of you and your family? (Top 3 Responses)

- Most Important
 - Safety when walking or biking
 - Access to recreation areas for exercise
 - Preparation and control of pandemics
- Important
 - Access to community and social programming to stay active
 - Preparation and control of pandemics
 - Access to recreation areas/Control of mosquitos and tick-borne viruses
- Less Important
 - Transportation access to health care services
 - Control of mosquito and tick-borne viruses
 - Youth exposure to alcohol, drugs, or vaping
- Least Important
 - Transportation access to health care services
 - Youth exposure to alcohol, drugs, or vaping
 - Access to community and social programming to stay active

What master plan topic is most important to you? (Top 3)

- Public Health and Livability
- Community Services and Facilities
- Land Use

What does a livable Dedham mean to you? (Top 3)

- Neighborhood access to life, work, and play
- Environment with clean air and water
- Engagement with civiv and social involvement

Do you have any additional reflections on this topic or public health and livability data?

- This is not an inclusive community. The town has no vision to make it so. There are a few people in power who have not developed a vision to include ore people in its ranks. There is systemic racism in all parts of the town...”
- More green space
- Diversity Equity and Inclusion
- Limited services available for older adults...

Existing Conditions and Health

Ms. Zhang went over housing conditions in Dedham. She moved on to discuss the connection between housing and health. Stable housing is an essential component of good health because when individuals live in safe, affordable homes and communities, they can prioritize their health, better manage their disease, and invest in their well-being. She briefly went over transportation as it relates to health. Transportation plays an important role in the quality of life for people. It connects people to social activities, economic opportunities, medical care, food access, and education. By offering a range of transportation options, people can choose from a range of convenient, accessible, and low-cost alternatives to driving. Ms. Zhang then went over Economic Development and how it ties into Public Health. Income and employment status are important determinants of health. Unstable jobs or unemployment have been linked to cardiovascular disease, high blood pressure, diabetes, mental illness (anxiety and depression), insomnia, and tobacco use. Ms. Zhang went over the connection between Public Health and Natural Cultural, and Historic Resources/Community Services and Facilities. Access to green and open space are associated with increased social interactionsl perceptions of safety, improved mental health outcomes, and increased physical activity.

Ms. Zhang went over Governance and, specifically, the Health Department. She went over Public Health 1.0, 2.0, and 3.0 and how health departments can be transformed into a Public Health 3.0 concept. Public Health 1.0 refers to the period from the late 19th century through much of the 20th century, when modern public health became an essential governmental function with specialized federal, state, local, and tribal public health agencies. During this period, public health systematized sanitation, improved food and water safety, expanded our understanding of diseases, developed powerful new prevention and treatment tools such as vaccines and antibiotics, and expanded capability in areas such as epidemiology and laboratory science. Public Health 2.0 emerged in the second half of the 20th century

and faced many challenged by American public health systems. During the 2.0 era, governmental public health agencies became increasingly professionalized and standardized. Public Health 3.0 refers to a new era of enhanced and broadened public health practice that goes beyond traditional public department functions and programs. Achieving Public Health 3.0 requires the leadership of someone who is willing to embrace the role of a chief health strategist. The person in this role goes beyond what is required by the state inspections and regulations and leads community health promotion efforts through cross-collector collaborations.

Ms. Zhang went over the Foundational Public Health Services model. She shared that local Health Departments are front line workers that provide public health protections in a number of areas including preventing the spread of communicable diseases, ensuring air and water quality are safe, and preventing chronic diseases and injuries. In addition, local Health Departments provide local protections and services unique to their community's needs.

Defining Topic Area Goals

Ms. Zhang went over the Public Health and Livability Goals;

1. Neighborhood and build environment
2. Indoor and outdoor spaces linked with programming
3. Civic and social engagement
4. High performing municipal public health system

All meeting attendees went into Zoom breakout rooms and we asked to discuss the following:

- Are these goals close to what should be addressed for Public Health and Livability element?
- Do additional goals need to be defined?

Next Steps

- Draft one-sheet summaries for review (Economic Development and Transportation)
- Discussing each topic area in a a Committee Meeting
- Defining topic area goals and strategies
- Outreach for Community Open Houses

Chat Messages

Drew: I put a sign out in Riverdale in the yard of a friend - but not the school

Carolina Prieto (MAPC, She/Her): Okay thanks for sharing Drew!

Shaw McDermott: Jeremy and Josh-

Shaw McDermott: Please circulate dates and topics a week in advance. Thanks.

Carolina Prieto (MAPC, She/Her): Yes we will! Thanks Shaw

Shaw McDermott: I recommend sending to all Town Meeting members and elected officials.

Carolina Prieto (MAPC, She/Her): Thanks shaw! That is on our list!

jessicaporter1: I don't. And have spent last ten minutes focused on giving jay tech support trying to get him int the meeting

Josh Fiala (MAPC): https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fpollev.com%2fmapcpoll&c=E,1,q8c82MwF0tHibZaXz3xdSsQzXH_q8Q-DcxdiQA9hbO3ZRH7fGNQ_IMQCqpr2RvwCzKIWN-sECXevjtwNUey6p2MB0R5ltlwjkQi_AzhlOT718JjflUBT6MILg,,&typo=1

Daniel Maher: 32 year difference, no?

iPhone: Late night loud car exhaust on Providence Hwy is certainly reducing my sleep and shortening my life expectancy :-)

Margaret Adams (she, her, hers): I am wondering what data you've collected about health outcomes for the town

Carolina Prieto (MAPC, She/Her): Diane you are next!

Sarah MacDonald: Is it fair to think that health outcomes goals are longer term than other Master Plan goals? Seems that they lag other changes, so we'd want to give any goals a longer time frame to measure as successful or not?

Andrew Tittler: Life expectancies in the U.S. have been dropping for a couple of decades. Do we know what has been happening in Dedham?

Margaret Adams (she, her, hers): I am wondering what the rate of mental health needs and asthma rates, including life expectancy as well

Justin Humphreys: Can you ask those that are not members of the committee to introduce themselves?

Margaret Adams (she, her, hers): I wonder if there is data on air quality too, and change over time

Daniel Maher: Andrew, where are you getting information saying that life expectancies in the US have been dropping?

Carolina Prieto (MAPC, She/Her): Diane can you send you contact information to me directly. We will connect you to Elaine if you aren't already
Shaw McDermott: Jeremy-

Shaw McDermott: I have some comments...

Jeremy Rosenberger: Ok, Shaw you're next

Andrew Tittler: Many sources - see Journal of American Medical Association at https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fjamanetwork.com%2fjournals%2fjama%2farticle-abstract%2f2756187&c=E,1,TzJqrPo4EU84zge5GVknNCU7X5Tb228fSMQcjrUPslQkFp4VQj0ESX7VeBMNi1pUs6sNO4bkaUgQ2W73nWBXmmVqgk-BeaTiMBj_szczeewQ.,&typo=1 for example. U.S. life expectancy appears to have declined for the last decade at least. Other developed nations have not seen this.

Nathan Gauthier: Given reduced daylight, cold temperatures, snow, etc., it seems like recreational activities for many are greatly reduced in the winter (and in rain) and this will be even more the case now that people are more conscious of breathing recirculated indoor air. I'd like if our walkability, outdoor amenity, etc. work looked at the different seasons. I think depression, inactivity, poor eating, etc. go up in winter.

Margaret Adams (she, her, hers): Access to mental health services especially for children is a dire need in this area, long waiting lists, despite our close access to Boston area

Margaret Adams (she, her, hers): I wonder too if we could get numbers from Dedham Food Pantry on number serviced over the years, how many residents struggle pre-pandemic with access to food, and then in pandemic

Daniel Maher: Life Expectancy in US in 2014 was 78.9, in 2017 it was 78.6, so a slight decline, but to say it has been declining for decades is not accurate

Josh Donati: Metrowest Adolescent Health Survey

Carolina Prieto (MAPC, She/Her): margaret your sound is going in and out.

Carolina Prieto (MAPC, She/Her): Just want to let you know

Carolina Prieto (MAPC, She/Her): Lots of resources! Thanks all!!

Margaret Adams (she, her, hers): Josh, was there a parent component to the Metrowest Adolescent Health Survey?

Margaret Adams (she, her, hers): I can't remember

Josh Donati: I don't think so. I was just going back through the last time it was presented in 2019. Only saw student data.

Margaret Adams (she, her, hers): Yes, we don't have many after school and teen programming for youth, no dedicated youth center, like a YMCA or Boys or Girls Club

Margaret Adams (she, her, hers): Many folks go to Boston to access services at Hyde Park or West Roxbury

Josh Donati: I can't unmute but I am still participating in this conversation :)

Carolina Prieto (MAPC, She/Her): You should be able to now Josh D.

Carolina Prieto (MAPC, She/Her): :)

Carolina Prieto (MAPC, She/Her): Have to jet out early tonight. Thanks all and looking forward to next steps.

Jan Civian: will these slides be made available?

Josh Flala (MAPC): Yes, the slides will be posted to the plan website

Josh Flala (MAPC): https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fwww.designingdedham2030.org&c=E,1,rOpPvUQ3d8IanxU4fil0xTUp6RVsyba0PeRvo-MXh2hpWw4tsasu_CaOvA0-3E5ri1qOfDZoYVB0ewUHI1Tjrke7YwWvbJhZt-ajs-QVbU5m_Y,&typo=1

Jan Civian: thank you!

Margaret Adams (she, her, hers): Do you have data for Dedham by race, gender

Josh Flala (MAPC): Sorry, the link should be https://linkprotect.cudasvc.com/url?a=http%3a%2f%2fdesigningdedham2030.org&c=E,1,UGD7quDKOkGajzmnkx8BPZWfkACbOFgHud4aL-nuAkcqthNNDQpUIaeLqOIxGJ33Z5pwPPKQrZlkDLr_e6J13KUGJFisi-IUtK1VkZz6TB1BwZP7fHWCTOVUe&typo=1

Margaret Adams (she, her, hers): Often access to social workers can support families accessing private and public resources

Alix O'Connell: I have to run, sorry! Great meeting.

Josh Flala (MAPC): Thanks Alix!

Josh Flala (MAPC): Questions: Are these goals close to what should be addressed for Public Health and Livability?

Josh Flala (MAPC): Do additional goals need to be defined?

Josh Flala (MAPC): Potential Topic Area Goals Outlined:

Josh Flala (MAPC): 1. Neighborhood and built environment

Josh Flala (MAPC): 2. Indoor and outdoor spaces with linked programming

Josh Flala (MAPC): 3. Civic and social engagement

Josh Flala (MAPC): 4. High performing municipal public health system

Jan Civian: thanks Courtney!

Jim A: Diane made some excellent points regarding the existing difficulties/deficiencies with the current health department

Margaret Adams (she, her, hers): I can't unmute but we add a similar discussion about the need for the public health department in town to move to a 3.0 vision of community health

Jan Civian: agree to move leadership higher and also to make goals more specific and data driven

Margaret Adams (she, her, hers): We also discussed the third bullet--about what does community and civic engagement look like as far as public health

Diane Barry Preston: agree with this!

Sharna Borsellino: Community Health yes!

Margaret Adams (she, her, hers): It is a view of collective community health

Sarah MacDonald: I'd like to see us shift public health from a reactionary function to a proactive function-- totally agree with re-prioritizing the goals!

Shaw McDermott: Yay, Diane!

Shaw McDermott: Sarah-

Sharna Borsellino: I agree Sarah!

Shaw McDermott: This will take Select Board leadership.

Diane Barry Preston: thanks for inviting me. happy to contribute further...

Margaret Adams (she, her, hers): What was that date?

Margaret Adams (she, her, hers): November?

jessicaporter1: 11/17

Dieckmann Cogill: I liked the breakout groups

jessicaporter1: Thanks for the feedback Dieckmann!

The next meeting will be on Tuesday, November 17th at 7pm.