



Chapter

Public Health and Livability

Introduction

Population health is shaped by a community's collective exposure to healthy and unhealthy environments – it is shaped in homes, in schools, in the natural and built environment, and at places of employment. Healthy communities are “places where all individuals have access to healthy built, social, economic, and natural environments that give them the opportunity to live to their fullest potential, regardless of their race, ethnicity, gender, income, age, abilities, or other socially defined circumstances.”¹

Given this relationship of neighborhoods to individual health, the Public Health and Livability chapter provides a framework for understanding how community conditions affect the health of Dedham's residents. This Public Health and Livability chapter uses a health equity lens to explore how certain populations in Town may experience disproportionate impact due to factors such as geography, ethnicity, income, age, or other characteristics. The Public Health chapter describes current health conditions and behaviors and assesses risks and opportunities presented within Dedham's built, social, and natural environment and proposes how to achieve improved health outcomes through community design strategies and services.

Public Health and Livability has a close connection to all of the other Master Plan topics.

¹ City of Seattle, “Racial Equity Toolkit to Assess Policies, Initiatives, Programs, and Budget Issues,” <http://www.health.state.mn.us/divs/opi/healthequity/resources/seattle-toolkit.htm>

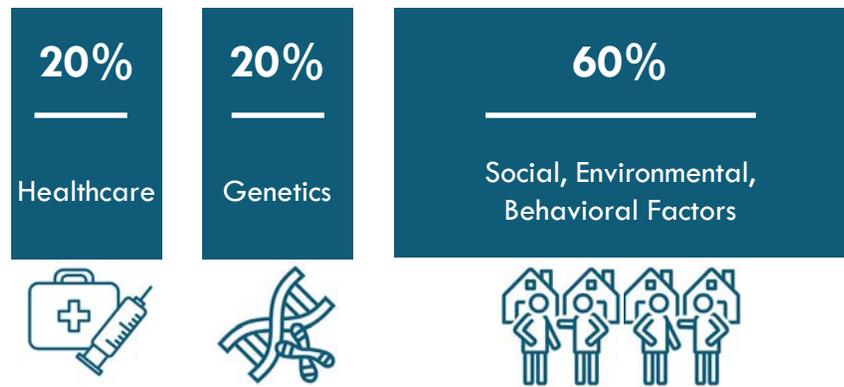
Summary

Ensure equitable access to health resources and information so all residents can achieve their greatest health potential.

Themes Highlights

- The COVID-19 pandemic tested local health resources and revealed the importance of public health services and planning.
- Disparate needs and health impacts are evident among an aging population, youth mental health and substance use risks, and environmental justice populations.

Factors that contribute to community health

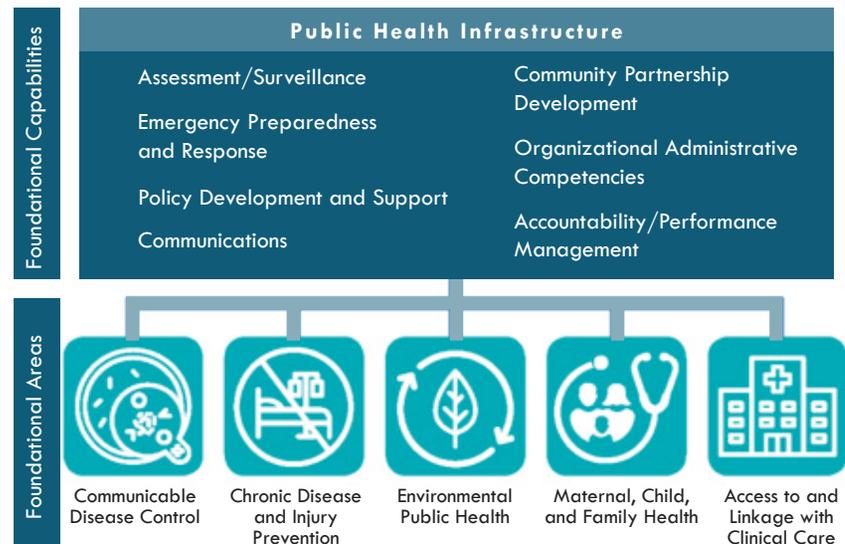


Source: Adapted from US County Health Rankings

Goal/Strategy Highlights

- Invest in Dedham’s Health Department to fund core services, build capacity, and advance toward more holistic health interventions.
- Reduce exposures to harm and mitigate harmful behaviors to support the physical, mental and emotional wellness of residents.
- Foster community connectedness and inclusive civic and social engagement to support equitable physical and mental health.
- Support daily physical activity.

Foundational Public Health Service (FPHS) model



Source: Adapted from Public Health National Center for Innovations

Companion and related plans and studies

- MA COVID-19 Community Impact Survey (2020)
- Needham Beth Israel Lahey Health Community Health Needs Assessment (2019)
- New England Baptist Hospital Community Health Needs Assessment (2019)
- Dedham MA Health Aging Collaborative (2018)
- Norwood Hospital Community Health Needs Assessment (2018)
- MetroWest Adolescent Health Survey (2018)



Defining public health and livability terms

Built Environment

The human-made environment including buildings, streets, sidewalks, open spaces, infrastructure, and other components that provides spaces for people to live, work, and play, among other activities.

Chief Health Strategist

A leader of a multi-sector (government, non-profit, private, and community) approach to focus community resources on improving specific health outcomes. Part of a community multi-collaborative health approach, a Community Chief Health Strategist is an engaged change leader (or group of leaders) who builds community coalitions that investigate and take action to make meaningful progress on a community health issue. This can be a position shared by the leaders of multiple community health organizations.

Community Health Needs Assessments (CHNA)

A local health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis. *Source: Centers for Disease Control and Prevention.*

COVID-19

Coronavirus disease 2019 is an illness caused by a virus. This virus is a new coronavirus that has spread throughout the world. It is thought to spread mainly through close contact from person-to-person. *Source: National Institutes of Health U.S. National Library for Medicine.*

Environmental Justice Population

In Massachusetts, a neighborhood is defined as an Environmental Justice population if any of the following are true:

- The annual median household income is not more than 65% of the statewide annual median household income;
- Minorities comprise 40% or more of the population;
- 25% or more of households lack English language proficiency; or

- Minorities comprise 25% or more of the population and the annual median household income of the municipality in which the neighborhood is located does not exceed 150% of the statewide annual median household income.

Source: <https://www.mass.gov/info-details/environmental-justice-populations-in-massachusetts>

Public Health 3.0

A term used to describe a new era of enhanced and broadened public health practice that goes beyond traditional public health department functions and programs. At its core is the notion that local communities will lead in taking public health to the next level and ensuring its continued success. Five broad recommendations define the conditions to transform into the Public Health 3.0 model, and include:

- Public Health leaders should embrace a role as Chief Health Strategist
- Public health departments should collaborate in structured, multi-sector (government, non-profit, private, and community) partnerships
- Public Health Accreditation Board criteria and process should be enhanced
- Timely, reliable, granular, and actionable data should be made accessible and clear metrics developed to guide initiatives
- Funding for public health should be enhanced and substantially modified

Source: https://www.cdc.gov/pcd/issues/2017/17_0017.htm

Social Determinants of Health (SDoH)

The conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning, and quality of life outcomes and risks. In other words, how and where people live impacts their physical and mental well-being. They are typically grouped into five domains: Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, and Social and Community Context. *Source: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.*



Public Health and Livability In Dedham today

Planning decisions impact health outcomes

The health of Dedham’s community depends on a strong and stable foundation. Every topic in this Master Plan contributes to that foundation and supports community health. Factors such as steady employment, quality education, and safe and affordable housing form the base of a functioning and healthy society. Connecting health and planning provides an impetus to improve the supporting environments and opportunities for healthy living.

Current events and recent research underline the importance of integrating public health into planning decisions. The built environment and context of neighborhoods impact individual health and well-being, the influence of these external factors on health is collectively referred to as the Social Determinants of Health (SDoH). Medical research indicates that planning decisions influencing social, environmental, and behavioral factors within communities account for about 60% of long-term health outcomes, more than the influence of healthcare or genetics.

The relationship between health and planning is further illustrated by data on the rates of chronic conditions and the leading causes of death in the United States. The country continues to experience increased levels of chronic diseases such as obesity and diabetes, and more people are dying from heart disease, stroke, and lower respiratory disease. These are preventable illnesses that are the result of behaviors, choices, and influences stemming directly or indirectly from a community’s surrounding environment.

Factors determining long-term health outcomes



COVID-19 has also highlighted the importance and urgency to strengthen a high performing and coordinated municipal public health system to ensure Dedham is prepared for future emergencies. Future conditions will include the impacts of climate change. Extreme weather events will disrupt ecological and physical systems, creating greater risk to public health, including heat-related illnesses, air pollution-related impacts on cardiovascular and respiratory conditions, increased rates of allergic and communicable diseases, and flooding risks. All these health risks are likely to fall most heavily on the most vulnerable members of the community, including the low-income, disabled, young, elderly, and residents of color.



Achieving Physical Health and Mental Health Equity at Every Level

Transforming the conditions in which people are **BORN, GROW, LIVE, WORK and AGE** for optimal health, mental health & well-being.



Source: *Let's Get Health California*



Public health themes

PH1 Local public health capacity

The Foundational Public Health Services (FPHS) tool provides an outline for public health services that should be present in any jurisdiction. FPHS include two areas: foundational areas (i.e. specific activities and services) and foundational capabilities (i.e. skills). A scan and an assessment were conducted by BME Strategies, a public health consulting firm, to evaluate Dedham's FPHS readiness. Although it is clear that certain capabilities and services are being offered by the Health Department, the COVID-19 pandemic, fragmented municipal structure, and internal communications present significant barriers. Conversations with local public health stakeholders reveal that current challenges faced by Dedham's Health Departments include capacity, leadership, and communication.

PH2 Aging population

The older adult population, residents aged 60 years or older, is projected to grow by more than 60% by 2030. Housing affordability and options, walkability, and community programming are the biggest factors impacting the ability to age in place. The current zoning may also limit opportunities to support aging in place by defining many current residential lots as nonconforming. This may increase the difficulty in adapting a home to meet changing needs because additional board review will be required. Seeking approval for these changes can be

particularly discouraging for older residential property owners that may not be accustomed to the permitting process and may have limited resources to hire attorneys.

PH3 Youth population priorities

In the Beth Israel Deaconess Hospital (BIDH) Needham and New England Baptist Hospital (NEBH) community health needs assessments (CHNA), youth were explicitly identified as a priority population. The CHNAs identified that the most common health issues youth are facing include:

- Mental health: 22% of Dedham High School students report experiencing depressive symptoms in the last 12 months and 16% seriously considered suicide in the last 12 months;
- Substance Use: 54% of Dedham High School students report alcohol use and 31% report e-cigarette use; and
- Obesity: 19% of Dedham students (grades 1, 4, 7, 10) are considered obese. This is higher than the state average of 15.9%.

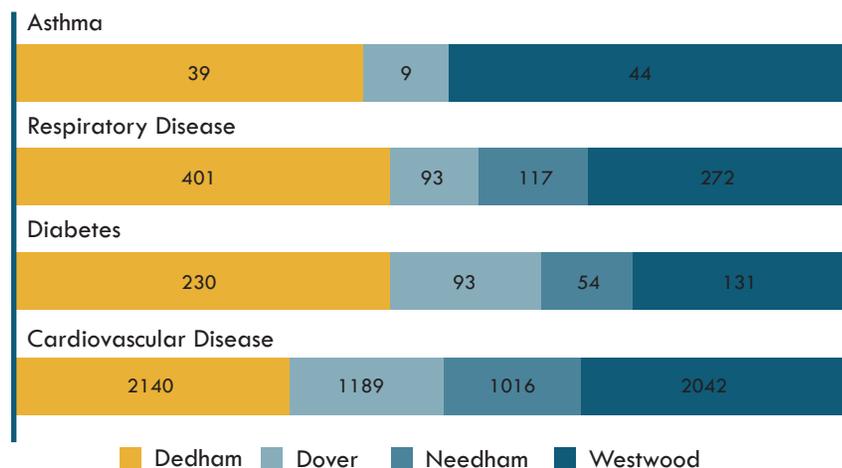
PH4 Rates of chronic diseases

Dedham is within the primary service area of three major health systems: BIDH Needham, NEBH, and Norwood Hospital (NH). Data from each hospital's most recent CHNA indicates Dedham residents experience moderate to higher rates of chronic diseases including cardiovascular disease, diabetes, respiratory disease, and asthma, when compared to regional and state levels. The



following table compares chronic disease rates in Dedham and neighboring municipalities.

Comparison of Chronic Disease Rates (per 100,000)
(Inpatient hospital data, 2018)



PH5 Shared health priorities

Across all three of the most recent CHNAs, the top five most common community health priorities were:

- 1) Social determinants of health (SDoH),
- 2) Mental health,
- 3) Substance use,
- 4) Chronic and complex conditions, and
- 5) Access to care.

SDoH became a prominent theme and priority across all three CHNAs. The assessments revealed determinants such as poverty, employment opportunities, housing, violence, transportation, racial segregation, social support, and community integration disproportionately impact older adults, low-income individuals or families, racial/ethnic minorities, non-English speakers, and those with disabilities or with chronic and complex health conditions.

PH6 Environmental justice concerns

Environmental justice is based on the principle that all individuals have a right to be protected from environmental pollutants and to live in and enjoy a clean and healthy environment. It also recognizes that specific racial and economic groups have disproportionately lived in areas where there are greater exposures to environmental hazards. 12.3% of Dedham residents live within about 650 feet of a high-traffic road (defined as a road with more than 25,000 vehicles per day). This is higher than the State average of 8.1%. Residents who live near high-traffic roads are exposed to vehicular exhaust and other emissions that can increase the risk of heart disease, respiratory disease, and neurological conditions. Noise pollution from vehicular traffic can lead to chronic stress and sleep disturbance.



Public Health and Livability In Dedham today

Additional context and data

Community Health Systems

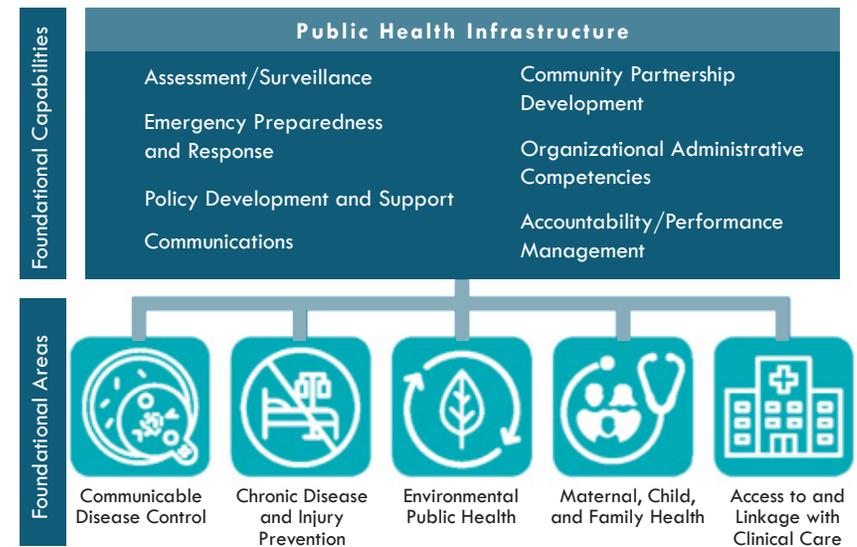
Municipal departments and staff such as health directors, health agents, public health nurses, councils on aging, commissions on disability, schools, public safety, and recreation departments all fulfill important roles in protecting and promoting health and wellness in the community. Outside of the municipal setting and in the private sector, health care systems, hospitals, community-based clinicians, and long-term services and supports respond to acute health issues (e.g. heart attacks), promote disease prevention efforts and seek to intervene in behavioral health issues (e.g. substance use).

Dedham Health Department, Board of Health, and Health Initiatives

Dedham is served by a three-member Board of Health and a Health Department which includes a Health Director, Assistant Health Director, Public Health Nurse, Health Inspector, and a Program Director for the Drug Free Communities Grant. The activities performed by the Department and Board promote and encourage active living and safe behaviors and provide essential services that address the needs across all ages and abilities. The Health Department promotes programs that support health and wellness among residents, they lead and collaborate on efforts to protect the community from emerging threats, respond to emergencies, and reduce the spread of infectious diseases.

An approach for understanding local health work is the Foundational Public Health Service (FPHS) model. This model provides a framework and represents a minimum package of public health services that should be present within any community. The FPHS includes two areas: foundational capabilities and foundational areas. Foundational capabilities are cross-cutting skills and capacities needed to support basic public health protections and other programs and activities that are key to ensuring the community’s health and achieving equitable health outcomes. Foundational areas are basic public health, topic-specific programs that are aimed at improving the health of the community. These two areas are illustrated below.

Foundational Public Health Service (FPHS) model



Source: Adapted from Public Health National Center for Innovations



Through the external scan by BME Strategies, Dedham’s Foundational Public Health Service (FPHS) capabilities and areas were assessed. The Dedham Public Health Department demonstrates many of the FPHS capabilities through their direct services as well as through partnerships with multiple municipal departments, community-based organizations, and local and regional agencies. The table to the right provides examples of how the Dedham Health Department demonstrates its capabilities. However, the current municipal public health infrastructure is fragmented and poses significant barriers. The fragmented structure can create logistical barriers. Municipal stakeholders report that due to siloed communications between departments and community-based organizations, effective collaboration can be difficult.

The foundational areas are inclusive of a vast set of activities vital to sustaining healthy indoor and outdoor environments to which residents are regularly exposed. The Dedham Health Department and the Board of Health address the foundational areas through their work to implement Massachusetts General Laws and local bylaws and regulations as well as through collaborative work with other municipal departments, community-based organizations, and regional coalitions. To the right, are examples of how the Health Department meets the foundational areas, across several health and environmental elements.

Dedham Public Health Department Foundational Capabilities

Capability	Example of Work
Assessment and Surveillance	<ul style="list-style-type: none"> Disease monitoring and reporting in collaboration with State Public Health Agency (MPDH) and the Massachusetts Virtual Epidemiological Network (MAVEN) Bi-annual Dedham Organization for Substance Awareness (DOSA) Parent Survey
All Hazards Preparedness/Response	<ul style="list-style-type: none"> Medical Reserve Corps: Norfolk County 8 Emergency warming and cooling centers
Policy Development/Support	<ul style="list-style-type: none"> Tobacco and medical marijuana regulations FDA Food Retail Food Standards Program
Communications	<ul style="list-style-type: none"> Vector-borne disease communications: aerial spraying, confirmed cases COVID-19 confirmed case communications
Community Partnership Development	<ul style="list-style-type: none"> Regional collaboration with Norfolk County 8 Massachusetts Association of Public Health Nurses
Organizational Competencies	<ul style="list-style-type: none"> Private water supplies/geo-thermal wells Program planning, public communications, and health analysis and assessment

Dedham Public Health Department Foundational Areas

Area	Example of Work
Communicable Disease Control	<ul style="list-style-type: none"> West Nile Virus: aerial spraying COVID-19 case investigation and contact tracing
Chronic Disease and Injury Prevention	<ul style="list-style-type: none"> Tobacco/vaping and marijuana control Substance use prevention
Environmental Public Health	<ul style="list-style-type: none"> Restaurant and home inspections Pool testing Title 5 Septic inspections
Maternal, Child, and Family Health	<ul style="list-style-type: none"> School based vaccination programs Summer camp inspections
Access and Linkages with Clinical Care	<ul style="list-style-type: none"> COVID-19 vaccine clinics Flu vaccine clinics Blood pressure clinics



Context and Challenges

The pandemic exposed staffing and resource challenges in most Massachusetts Local Health Departments as a result of underinvestment and changing risks to community health. As the Dedham Health Department returns to the delivery of traditional services critical to protecting the public's health renewed investment should be made. Many of these services were deprioritized during the height of the pandemic. Investments into local public health can support and strengthen continued pandemic response activities, future emergency response efforts, and bolster essential core public health services in Dedham (i.e., inspections, health promotion, immunizations).

Local public health plays an important role with multiple local planning functions, from advisory to regulatory. A challenge to executing this role effectively is a shortage of funding and adequate resources to maintain foundational public health services in collaboration with other boards and departments.

Health Care Systems

As highlighted in the Public Health Themes, there are several area hospitals that serve Dedham residents, including Beth Israel Deaconess Hospital (BIDH) Needham, Beth Israel Lahey Health (BILH), New England Baptist Hospital (NEBH), BILH Urgent Care Dedham, and Norwood Hospital. Most health care systems produce a community health needs assessment (CHNA) every three years for communities located within their primary service area. Following the assessment, hospitals use the data to develop

a community health improvement plan, which can be used to justify how and where resources should be allocated to best meet community needs.

For the majority of the hospitals that serve Dedham residents, their most recent CHNA was conducted in 2019 (Norwood Hospital conducted their CHNA in 2018). Each assessment process was guided by the feedback of an advisory committee comprised of representatives from hospital leadership, local health and human services organizations, municipal health departments, youth community centers, senior centers, schools, and public safety. Specifically, Dedham was represented by its Food Pantry, Council on Aging, and Livable Dedham (a community group focused on making Dedham age-friendly) for the BIDH Needham advisory committee. The common shared health priorities from these assessments were highlighted in the Public Health Themes and will be discussed in more detail in the shared health priorities section.

Health Care Access

Dedham Public Schools, the Council on Aging, the Dedham Health Department, and other public health systems are important points of access to non-emergency medical care. Some of these referral points are informal (i.e., word of mouth) but some, such as Dedham's Youth Services Counselor and the Public Health Nurse are part of a local system set up to help residents overcome barriers to care. The Youth Services Counselor is an important resource for families and youth and provide services such as individual or family counseling or refer families to



additional treatment options. The Public Health Nurse and Health Department can provide important immunizations for residents such as COVID-19 and flu vaccines. The Council on Aging provides transportation services for Dedham’s older adults and helps connect them to local medical appointments.

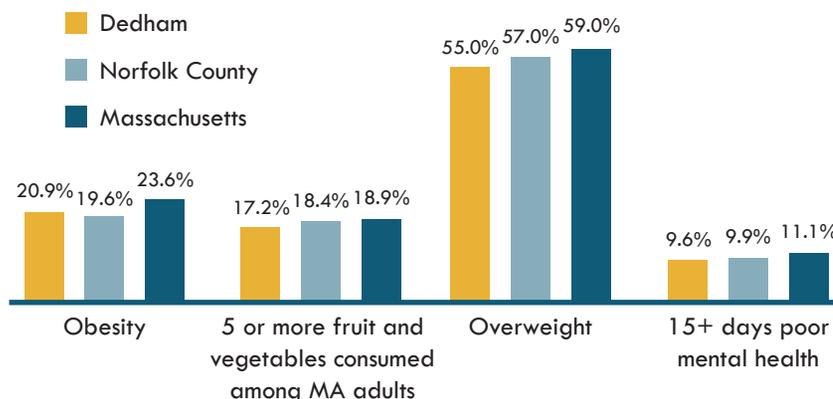
Although there are key players in providing or helping facilitate access to health care, there are still barriers to accessing timely and appropriate care. From key informant interviews, focus groups, and a community health survey, the BIDH Needham CHNA found that some leading barriers to good health include the high cost of health care, transportation, lack of providers (e.g., behavioral health, primary health), and stigma preventing people from seeking certain services.

As a result of COVID-19 care for routine and acute needs was delayed, which has further exacerbated existing health inequities. Survey results from the 2020 COVID Community Impact Survey (CCIS) reveal that people were delaying emergency, routine, and mental health care due to limited health care capacity. Delay in urgent and routine care is 1.5x to 2x as high among certain subgroups (i.e., low-income, people who identify as non-binary, gender queer, transgender, people with disabilities). These subgroups already faced many health care barriers such as cost, transportation, English proficiency, and discrimination. The chart on the following page shows several comparisons between subgroups that have delayed medical care. The chart clusters comparisons between an impacted subgroup and a less impacted subgroup for reference.

Health Status Snapshot

The small area estimates presented in the figure below are from the state’s Behavioral Risk Factor Surveillance System (BRFSS), which shows percentage of the population who are obese, overweight, have unhealthy eating habits, and suffer from mental health issues. Only about 17% of Dedham residents reported eating the recommended daily levels of fruits and vegetables and the proportion of adults that are overweight or obese remain relatively high. Both short- and longer-term effects of being overweight or obese are associated with increases in an individual’s risk for other chronic disease.

Health Conditions and Behaviors
(Percent of residents age 18 years or older)

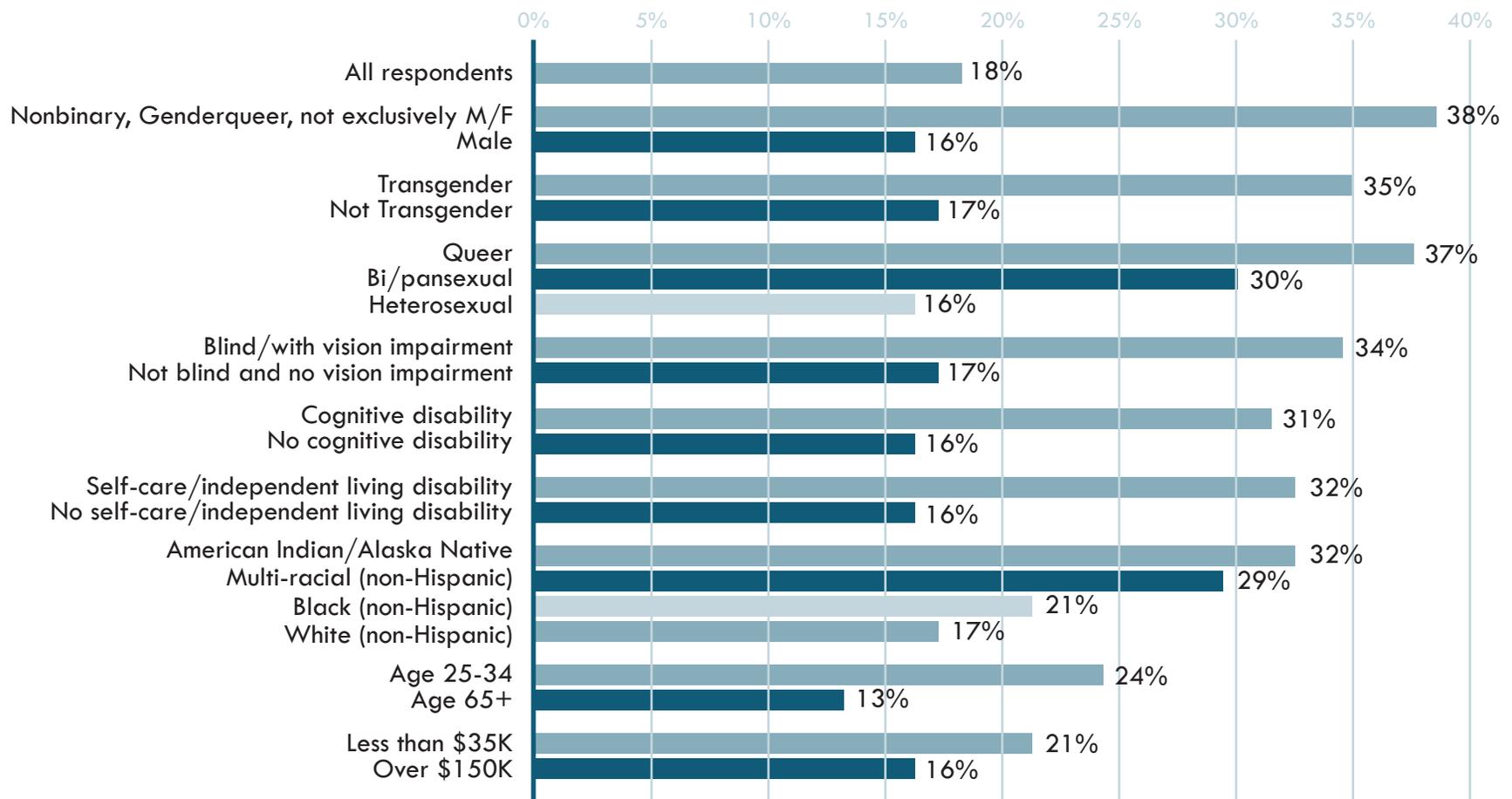




Massachusetts subpopulations experiencing the highest rates of delayed medical care

Since July 1, 2020

(Among respondents who said they have needed care since July 1, 2020. Overall, about 80% of respondents have needed care.)





The recent CHNAs from BIDH Needham, BILH New England Baptist, and Norwood Hospital provide an in depth look at the health of Dedham residents as well as the environments, behaviors and systems that promote or harm health. Based on inpatient discharge data from BIDH Needham, Dedham residents experience higher rates of asthma, cardiovascular disease, respiratory disease, and diabetes when compared to the other three municipalities (Dover, Needham and Westwood) within BIDH Needham's primary service area.

Top Shared Health Concerns

The most recent CHNAs from BIDH Needham, BILH New England Baptist, and Norwood Hospital included community health priorities, priority population, and proposed improvement strategies that have applicability in the master planning process. The table on the following page includes the primary service areas for each hospital (i.e., municipalities they serve), prioritized community health issues along with an example goal, and the priority population identified as part of the CHNA. As highlighted previously, across all three of the hospital's most recent CHNAs, the top five community health priorities are:

- 1) Social determinants of health (SDoH),
- 2) Mental health,
- 3) Substance use,
- 4) Chronic and complex conditions, and,
- 5) Access to care.

Health over the Lifespan: Age Specific Health

A critical aspect of community health is examining the health of the population throughout the life course. Data specific to youth and older adults are included here. The purpose is to provide a spotlight on populations that are more susceptible to changes that can either promote or provide lifelong health and wellness.

Youth

Childhood and youth are critical periods for physical, social, and emotional development and a time when external factors such as exposure to significant adverse events (e.g., housing instability, trauma) or exposure to pollutants can adversely affect development. Similarly, engagement in prosocial and healthy behaviors can serve as protective factors that improve health outcomes and prevent illness.

The MetroWest Adolescent Health Survey is a regional initiative of the MetroWest Health Foundation. Data from the survey, which is administered on a biannual basis, is meant to help monitor trends, identify emergent adolescent health issues and to mobilize and empower schools and communities to make data-informed decisions. Recent survey data for Dedham suggests that mental health, vaping, substance use, and obesity are all areas of concern for youth.

Survey data from 2016 and 2018 indicates that middle and high



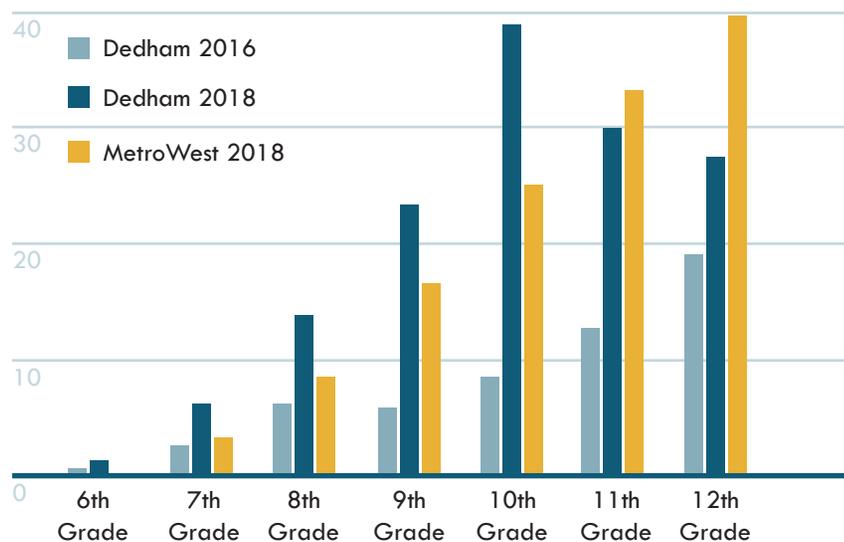
Shared Community Health Priorities among hospitals serving Dedham

BID Needham	Norwood	BILH New England Baptist
Primary Service Area		
Dedham, Dover, Needham, Westwood	Canton, Dedham, Foxboro, Franklin, Mansfield, Norfolk, Norwood, Sharon, Walpole, Westwood, and Wrentham	Roxbury, Mission Hill, Brookline, Chestnut Hill, Dedham
Community Health Priority		
Mental Health and Substance Use	Chronic Diseases with focus on Cancer, Heart Disease, and Diabetes	Social determinants of health and access to care
Educate about and reduce stigma associated with mental health and substance use issues	Create partnership with the Norwood Housing Authority to increase access to healthy foods; provide resources and information to transportation services to improve access to clinical care.	Increase Access to Healthy Foods and other Basic Household Needs
Chronic/complex conditions and their risk factors	Mental Health	Chronic/complex conditions and their risk factors
Enhance Access to Health Education, Screening, Referral, and Chronic Disease	Help develop a dementia friendly toolkit pilot program; Develop partnerships to promote community-based strategies that create a conversation to reduce the stigma surrounding mental illness.	Increase Physical Activity and Healthy Eating
Management Services in Clinical and Non-Clinical Settings	Substance Use Disorders	
Social Determinants of Health and Access to Care	Promote substance use awareness, prevention, and access to treatment.	
Enhance Access to Care and Reduce the Impact of Social Determinants	Housing Stability	
	Pursue partnerships with community-based organizations to promote Housing First programs.	
Priority Populations		
Youth	Members of the community that have been historically marginalized due to racism, poverty, and have had limited access to health care services	Children and families
Older Adults		Older Adults
Low-to-moderate income individuals and families		Low- and moderate-income populations
Individuals with chronic/complex conditions		Racially and ethnically diverse populations/non-English speakers



school students are using substances such as marijuana, alcohol, and vaping products. Utilization of alcohol and marijuana either remained the same or saw a slight decrease across all grades between 2016 and 2018. However, vaping or electronic cigarette use saw significant increase in reported utilization across middle and high school students within Dedham as well as across the MetroWest Region.

Youth Electronic Cigarette Use



Mental health data indicate that reported stress among students gradually increases throughout high school, nearly doubling from 9th to 12th grade. Common sources of stress include issues related to school, social pressures, and physical and emotional

health. Within the student population, females are nearly 2 times more likely as males to report increased levels of stress.

In 2018, the percentage of Dedham middle school students reporting that life is “very” stressful within the past 30 days (21%) and students experiencing depressive symptoms within the past 12 months (17%) are both higher than the regional percentage (19.8% and 14.3% respectively).

Recent data from the Massachusetts Youth COVID-19 Community Impact Survey (2020), indicate that almost half of all youth in MA (48%) reported feeling sad or hopeless almost every day for 2 weeks or more in a row and that they stopped doing some usual activities. This is 21% higher than the Youth Risk Behavior Survey (MA YRBS 27% in 2017). Additionally, LGBTQIA (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, and Asexual or Ally) and youth with disabilities are suffering from the highest rates of mental health concerns and delayed access to medical care during the COVID-19 Pandemic.

Trends in mental health and substance use data indicate that there is a need to increase protective factors for youth such as increasing access to trusted adults, school engagement, and parent involvement.

Older Adults

Massachusetts is set to experience growth in the number of residents who are 65 years and older. The growth in the number



of older residents will challenge how residential and commercial infrastructure is built, what health, social, and economic services are offered; and how and where older residents interact with other cohorts of the community. Currently, about a quarter of Dedham residents are 60 years and older; this population is projected to increase to the year 2030.

The Massachusetts Healthy Aging Collaborative has developed municipal profiles for cities and towns that show the health of older residents. Their data suggests that while older residents in Dedham engage in healthy behaviors like meeting guidelines for physical activity, nutrition, and sleep, they are still suffering from poor health outcomes at higher rates than other older adults across the state (learn more here: <https://mahealthyagingcollaborative.org>).

Key stakeholders such as Livable Dedham, which is an community group supporting an age-friendly Dedham, has collected data showing affordable age-friendly housing is a top concern among Dedham's older adults. As discussed in the Housing Chapter, Dedham's housing stock is currently suffering from a lack of housing unit diversity. The lacking housing types are called the "missing middle" including housing options with 2, 3-4, 5-9, and 10-19 units. This missing middle creates barriers for Dedham's older adults to downsize which can force them to move out of the Dedham community to search for more appropriate housing. It can have an additional effect of reducing turnover in the single-family housing market, affecting availability and affordability for younger families.

Data from the Massachusetts Healthy Aging Collaborative indicates that older adults in Dedham experience depression at higher percentages than the state average (34.8% and 31.5%, respectively). Issues of depression and social isolation have only been heightened as a result of the COVID-19 Pandemic. Respondents shared they have seen increased reports and incidences of older adults experiencing social isolation due to the need for social distancing, quarantining, and isolation.

Active transportation and walkability are another important area of concern older adults face in Dedham. As noted in the Transportation Chapter, 42% of streets in Dedham do not have a sidewalk on at least one side and currently there is limited dedicated bike infrastructure. The lack of interconnected networks of sidewalks and bike infrastructure creates barriers for older adults to reaching important local destinations such as businesses, restaurants, medical appointments, grocery shopping, etc.

In October 2021, Dedham Council on Aging celebrated the grand opening of the new Ames Senior Center. An accomplishment that will be a major asset for the community, particularly with an aging population. The Senior Center serves as a gateway connecting older adults to vital community services that can help them stay healthy, independent, and connected. The Ames Senior Center presents several opportunities such as intergenerational programming, health clinics (i.e., blood pressure) or transportation services to better address top concerns older adults are facing.



Elements of a Livable Community

The following narrative describes some of the most critical elements of a livable community including important characteristics of housing, transportation, access to healthy food, access to open space, exposure to contaminants, and connections in the community. On the following page is a summary of factors that influence public health and livability. For each factor there is a brief description. It also includes an indication of the direction of impact, whether it is increasing a positive, or decreasing exposure to a negative impact. It also shows the general likelihood of the impact, and the general magnitude of the impact on improved public health and livability.

Stable, Healthy and Quality Housing

Housing has major effects on health through multiple pathways: stability and affordability, quality and design, and location.

Stable housing is an essential component of good health because when individuals live in a safe, affordable home and community, they can prioritize their health, better manage disease, and invest in their well-being. High housing costs can force individuals to choose between housing payments and other essentials such as food, medical care, and utilities. It can also contribute to increased stress, which decreases resistance to disease. Children in unstable housing are at increased risk of malnutrition and developmental delays that can lead to lifelong health consequences.

Results from the Designing Dedham 2030 Initial Community Survey show that the majority of Dedham residents (75%) feels that having affordable and attractive housing options for a variety of income levels and life stages was either important or very important for the future of Dedham.

As described in the Housing Chapter, it is estimated that 56% of renters and 27% of homeowners in Dedham are cost-burdened, meaning they spend more than 30% of their income on housing. Cost burden is especially harmful for low-income households. In Dedham, there are about 2,268 households earning 80% of the Area Median Income or below (low to extremely low-income households) and are cost burdened or severely cost burdened (spending more than 50% of their income on housing).

There are several measures of housing quality. Housing that is not adequately maintained, ventilated, or free from pests and contaminants, such as mold, lead, and radon, is an important contributor to rates of injury, asthma, cancer, neurotoxicity, cardiovascular disease, depression, and poor mental health. A common hazard in many Massachusetts homes, as a result of older housing stock, is lead paint. Disturbed or aging paint can release lead dust, which is then inhaled or consumed. Lead can cause damage to the brain, kidneys, and nervous system, slow growth and development, and create behavioral problems and learning disabilities in children. The use of lead in household paint was banned in 1978, but lead paint applied before the ban is still present in many older homes across the Commonwealth. In



Dedham, 74% of houses were built before 1978 (higher than the state average of 69%), and 76% of children have been screened for elevated blood lead levels. The location of housing is critical, as well. In general, households in neighborhoods that have higher population densities, access to destinations, more grid-like street patterns, and access to high-quality bicycle options, will support a more active and healthier lifestyle. This is discussed in more detail in the next section on active transportation.

Safe, accessible, and active transportation

Transportation is a critical factor that influences people’s health and the health of a community. Air pollution associated with traffic congestion and physical inactivity due to sitting for hours in traffic have significant long-term impacts on a person’s health such as asthma, obesity, heart disease, respiratory disease, neurological as well as increased mortality rates. Near-term health risks such as traffic crashes also present health risks. Investments in sidewalks, bike lanes, trails, public transit, and other infrastructure that supports physical activity can result in improvements to individuals’ health and decreased health care costs.

The health benefits of physical activity have been well documented, yet less than half (49%) of all adults in Dedham meet the Surgeon General’s recommended 30 minutes of moderate-intensity physical activity on most days of the week¹. Research has linked physical inactivity to poor health outcomes such as coronary heart disease, Type II diabetes, certain cancers, and even premature mortality.

¹ National Center for Health Statistics, FastStats: Exercise or Physical Activity, 2014, <http://www.cdc.gov/nchs/fastats/exercise.htm>

Evidence suggests that good infrastructure (sidewalks, bike lanes, etc.) and public transportation access leads to increased walking and biking for transportation purposes, and therefore plays an important role in increasing population-level physical activity. A robust body of literature links physical activity to a wide range of health benefits.

Walk Scores is a service that provides nationally available neighborhood level data on distance to destinations and the potential to reach these destinations by walking. Dedham has an average walk score of 40 which would classify the Town as a car dependent community. Except for the center of Town, in and around Dedham Square, most Dedham neighborhoods also have a walk score of below 50 which signals that most trips made will likely require a car.

Dedham Neighborhood Access Metrics				
Name	Walk Score	Transit Score	Bike Score	Population
Dedham Square	64	36	45	2,820
East Dedham	49	38	36	3,301
Oakdale	45	31	39	5,370
Riverdale	38	32	42	3,471
Manor	34	29	33	1,818
Greenlodge	18	21	25	2,211
West Dedham (Precinct 1)	8	3	25	1,707



Compared to the national walking average of six minutes per day, public transit users spend a median of 19 minutes walking per day. Estimates show that an individual walks an additional 8.3 minutes per day when they switch from driving to transit. A sizable portion (79%) of Dedham commuters drive to work and a smaller proportion of commuters either take public transit or bike to work (11% and 4%, respectively). Shifting additional car commuters to public transit or active transit such as walking or biking could help improve resident health outcomes and would have the added benefit of removing vehicles from the roads to reduce vehicular congestion.

As described in the Transportation Chapter, 42% of the streets in Dedham do not have a sidewalk on at least one side. This creates barriers for safe and accessible walking options for residents, particularly for vulnerable populations like older adults and those with mobility issues. In addition, there also is no dedicated bicycle infrastructure within Dedham. A review of recent crash cluster data (2017-2019) indicates that 50% of pedestrian crashes occurred in locations without a sidewalk and all cyclist crashes occurred in areas without bike lanes. Upon further assessment of crash cluster data, the majority of pedestrian and bicyclist crashes happened near or in a minority Environmental Justice census block which has implication around health equity.

Access to affordable healthy food

Research suggests that access to healthy and nutritious foods in neighborhoods may play a critical role in residents’ diets. Dietary choices are associated with risks for chronic diseases, such as Type 2 diabetes, hypertension, overweight, and obesity. The USDA defines food security as the condition of having access to enough food for an active, healthy life, while food insecurity describes the condition of having limited financial resources to buy food.

Poverty is the largest contributing factor to food insecurity in the United States. Although Dedham has a relatively low poverty rate (4.5%) compared to Massachusetts (9.4%), low-income residents are vulnerable to food insecurity because they often lack resources to meet other basic demands and are dealing with multiple overlapping issues such as affordable housing, social isolation, and chronic or acute health problems.

Food insecurity trends in Dedham	
Total Town Population	25,377
Percentage of population in food-insecure households (2018)	6.5%
Number of persons in food-insecure households (2018)	1,650
Percentage of population in food-insecure households (2020 projected)	10.9%
Number of persons in food insecure households (2020 projected)	2,780



In 2018, it is estimated that around 6.5% of Dedham households were considered to be food insecure and in 2020 this percentage was expected to increase to 10.9% in part due to the impacts of the COVID-19 pandemic. In the table on the previous page the number of persons represented by these percentages are shown. Using a five-mile drive radius, most of Dedham's residents have access to a grocery store as well as other food access points like specialty shops and convenience stores.

Access to open and green space

Parks and recreational spaces present opportunities for physical activity and community connections. In studies, good access to large, attractive recreation spaces has been associated with greater levels of exercise. Access to parks, open space, and greenery are associated with protection against poor mental health outcomes and greater socializing and social support.

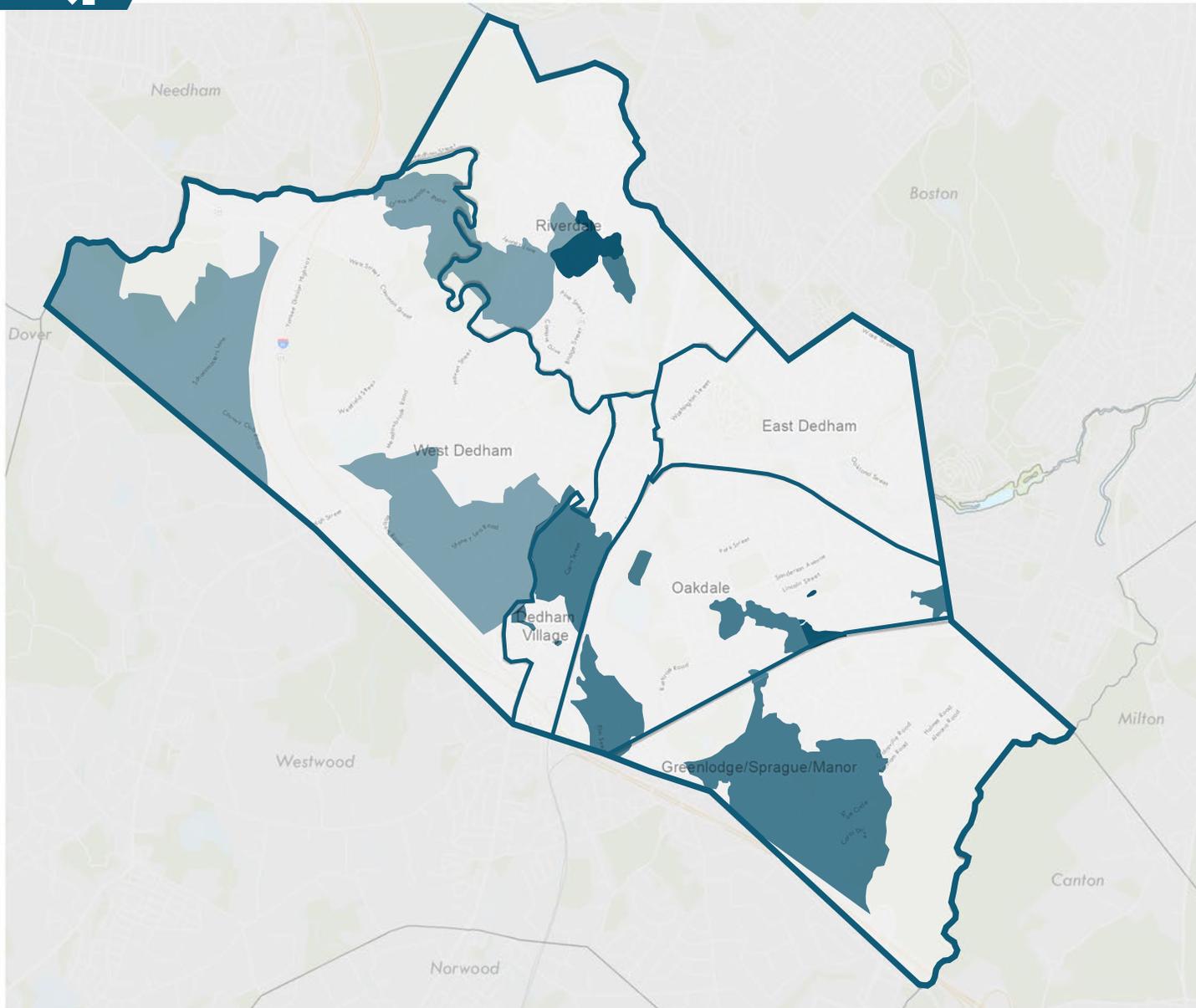
A measure used to assess the need for more access to open space is population density. Population density can influence the demand for outdoor recreation facilities. Homes in high density residential areas often lack adequate or sufficient yards to be of recreational value and homes in lower density residential areas often are not in similar need of access to parks due to larger private yards. Based on 2015 population estimates and Dedham's land use data, the Town has an average population density of 3.7 persons/acre, compared to 1.3 person/acre in MA, and 22.7 persons/acre in Boston.

Another measure of access to open space is a municipality's ParkScore, which measures the percentage of residents that are within a 10-minute walk of a park. Dedham's ParkScore is 76% which means most of Dedham residents are within a 10-minute walk of a park. Although the majority of Dedham residents have access to open space and recreation options, there are neighborhoods that have been identified as priority areas for new parks and open space. Parts of the Riverdale neighborhood, which is among the most diverse and lowest median income compared to most other Dedham neighborhoods, have been identified as very high or high priority for new parks. Other neighborhoods that also have been identified as priority areas includes parts of Greenlodge/Sprague/Manor, Dedham Village, and Oakdale. This Park Need Map based on the Trust for Public Land's ParkScore analysis is provided on the following page.

In addition to the physical, cognitive, and social health co-benefits vegetation, and open green space offer ecological benefits to the community. Vegetation and green spaces can alleviate heat impacts, offer stormwater retention, and improve air quality locally as well as provide carbon sequestration opportunities and regulate temperature regionally.

Exposure to Air Pollution and Environmental Justice Concerns

Environmental justice is based on the principle that all individuals have a right to be protected from environmental pollution



Public Health
The Trust for Public Land
Park Need Map

- High need
- Moderate to high
- Moderate
- Neighborhoods
- Rivers and Streams
- Water
- Open Space
- Dedham

Data from The Trust for Public Land's ParkServe mapping application



Data Sources:
 Metropolitan Area Planning Council (MAPC)
 Massachusetts Geographic Information System (MassGIS)
 Massachusetts Department of Transportation (MassDOT)
 February 2020



and to live in and enjoy a clean and healthy environment. It also recognizes that specific racial and economic groups have disproportionately lived in areas where there are greater exposures to environmental hazards.

There is evidence linking exposure to very high noise and traffic-related air pollution to increased risk for heart disease, respiratory disease, and neurological health conditions. Noise annoyance, a condition mentioned by focus group participants, increases the risk for chronic stress. Night-time noise exposure can disturb sleep and can lead to the body's inability to regulate blood pressure. Concentrations of traffic-related air pollution can be particularly high in areas with heavy congestion or high volumes of vehicular traffic. Near these locations, individuals in schools and homes, and those who walk, or bicycle, can be directly affected by short- and long-term exposure to the pollutants. Research suggests that exposure concerns are relevant to those living or actively recreating within 200 meters of corridors that have traffic volumes exceeding 25,000 vehicles per day. About 12% of Dedham residents currently live within 200 meters of a high traffic road with more 25,000 vehicles, which is higher than the state average of about 8% of the population.

Community Connections

Social cohesion, which describes the extent of connectedness and solidarity of a community, and social support are associated with positive health outcomes. Communities with greater levels of social cohesion, often characterized by high levels of trust and respect,

participation in community activities and public affairs, and increased participation in community groups, have better health outcomes than those with low levels.

People within rich social environments, who have more friends and social interactions, hold a greater level of trust in their neighbors, and are part of a more tightly knit community, have access to a greater network of social resources, which in turn helps them stay healthier. Access to social support is associated with protective health effects, including improved mental health outcomes, reduced stress, better cardiovascular health, better immune system functioning and more. Given the positive association that social cohesion and community connectedness has on positive health outcomes, cities and towns should facilitate improvements that seek to enhance the social impact of the public spaces and social cultural programming of these spaces and promote initiatives and programs that value inclusiveness, diversity, and health promotions across all ages and backgrounds.





Public Health and Livability Community Priorities

As part of the Master Plan process, including community surveys, community open houses, and other opportunities for public conversation, themes and priorities heard from the community were identified related to public health and livability and are summarized here. (See Chapter 1 for a full explanation of the community engagement process.)

While the themes and priorities heard from the community are reflected in the public health and livability themes earlier in this chapter, these items deserve additional recognition and in some cases repetition due to the frequency they were mentioned by the community.

PH1 **The built environment is an important health concern**

Survey participants indicated that the current built environment (the pattern of uses, buildings, roads infrastructure, and natural features) is a barrier for them to engage in health promoting activities. Walking and biking infrastructure that allow for residents to safely travel and access recreational areas and green space for exercise were rated as some of the top health concerns for residents. In addition to how the current built environment is a barrier, residents also specified that it is the most important factor to them for creating a livable Dedham. A livable Dedham for most residents meant creating compact neighborhoods in which they have convenient access to live, work, and play.

PH2 **Planning for future pandemics**

Survey participants also placed high importance on preparation for and control of pandemics and other multifaceted emergencies. This implies the need for building and supporting a strong local municipal public health system that allows for staff to work in a coordinated and effective manner. This community priority also highlights one of the important aspects of the context of this planning process. The process occurred through the COVID-19 pandemic and has raised awareness of this risk and the need for proactive planning to prepare for the future. A future pandemic, or other risks associated with climate change for example, may require adaptation and resilience to address and reduce impacts to Dedham residents.

PH3 **Racial equity and inclusivity**

A major theme that arose from comments in the open-ended survey questions highlighted the importance of advancing Dedham toward becoming a more inclusive community that serves and welcomes the diversity of residents from all races, ethnicities, and ages. A focus on racial equity and inclusion is important to public health as the exposure to public health risks is not equitably distributed across the population. Exposure to health risks are elevated for Environmental Justice populations. The more equitable and inclusive communication and representation that can occur, the more likely it is that effective solutions will be identified to address the needs of underrepresented populations of the Town.



Public Health and Livability Goals and Strategies

Summary: *Ensure equitable access to health resources and information so all residents can achieve their greatest health potential.*

PH1 **Goal 1: Invest in Dedham’s Health Department’s core public health services, cross-sector partnerships, and projects to reduce health risks, particularly for vulnerable residents.**

Massachusetts’ fragmented local public health system has presented significant barriers to local health departments’ ability to efficiently and effectively meet their current state statutes as well as expand their capabilities and capacity. Barriers from a fragmented public health system are not unique to Dedham’s Health Department and COVID-19 has highlighted shortcomings. Dedham should progress toward a high performing “Public Health 3.0” department that leads and advances preventative health initiatives, responds to health threats including threats from climate change, and works toward health equity.

Strategy PH1.1: Fund core services in the Dedham Health Department (i.e., housing inspections, restaurant inspections, Public Health Nursing, etc.) according to the State Action for Public Health Excellence (SAPHE) core capabilities and credentialing frameworks

Strategy PH1.2: Continue regional collaboration with Norfolk County 8, a local public health coalition, to foster delivery of public health services through shared municipal initiatives and cross-sector partnerships (hospitals, faith-based community, high education, etc.)

Strategy PH1.3: Develop and implement 5-year strategic plan for Dedham Health Director position as Chief Health Strategist which will enable the department to transition into a Public Health 3.0 service model and implement more holistic and health promoting interventions

Strategy PH1.4: Continue with improved communications by developing and implementing a communications strategy for Dedham Health Department to inform residents, businesses and municipal staff about existing health services, including multi-lingual outreach



PH2 Goal 2: Reduce environmental exposures and health harmful impacts that adversely affect the health of Dedham residents.

The patterns of the built environment including uses, buildings, roads, infrastructure and natural features contribute to individual health outcomes. These patterns should be reconsidered to promote health, foster formal and informal connections among neighbors, and provide connected and convenient access to a high density of activities and services. This will contribute to more livable neighborhoods and a healthier community.

Strategy PH2.1: Implement actions within the Public Health and Safety section in Sustainable Dedham Climate Action and Resiliency Plan and prioritize action items

Strategy PH2.2: Provide age-friendly home remodeling guidance (e.g., AARP Home Fit Guide, Universal Design Guidelines) through the Building Department and pair with waived permitting fees, streamlined permitting process, and/or low interest municipal loans to provide assistance so changes are more affordable for elderly residents

Strategy PH2.3: Mitigate underage drinking and smoking by conducting regular compliance checks to identify, warn, and educate alcohol, marijuana cigarette, and vaping outlets (in-store and delivery) about underage sales and promotion

Strategy PH2.4: Define and pursue mitigation measures to reduce health impacts for locations near high volume traffic roadways, particularly the locations that overlap with Dedham's Environmental Justice Block groups to identify potential air quality mitigation measures





PH3 Goal 3: Support the mental and emotional wellness of Dedham residents, specifically youth and children, to mitigate conditions that contribute to harmful behaviors.

Support for mental and emotional wellness can help improve health outcomes and community cohesion. The variety of services available should be regularly reviewed and coordinated with service providers and awareness of the services should be expanded among populations that may be facing mental and emotional wellness challenges.

Strategy PH3.1: Strengthen communication and coordination between organizations who work with youth and families (e.g., Dedham Organization for Substance Awareness (DOSA), Dedham Youth Commission (DYC), Riverside Community Care, Dedham Police Department, INTERFACE, Dedham Public Schools) and municipal offices to raise awareness and knowledge of available resources to Dedham residents, families, and youth

Strategy PH3.2: Support DOSA and Dedham Youth Commission on the following efforts:

- Establishing a Youth Coalition to ensure issues that are affecting youth the most are identified by youth
- Conducting annual school wide social norms campaign targeted towards youth to correct misperceptions about how prevalent youth alcohol and substance use is

- Mobilizing youth to create and deploy Town-wide campaign to combat stigma around mental health

Strategy PH3.3: Inventory and share local, regional, and state mental health resources available to Dedham residents to destigmatize and promote mental health as a public good. Resources can help provide interim support for residents awaiting mental health treatment

Strategy PH3.4: Improve access to youth activities and services, particularly afterschool, by coordinating with existing programs such as DYC and YMCA, expanding use of Town facilities for youth activities, and advancing development of a community center





PH4 Goal 4: Foster community connectedness and intergenerational ties by breaking down barriers.

Community gathering spaces and outdoor activity areas fosters community. Access to green and open space is linked to numerous health benefits including increased social interactions, perceptions of safety, improved mental health outcomes, and increased physical activity. Providing programming that caters to the needs of Dedham residents, especially older adults, can help prevent issues such as social isolation. Dedham should designate existing indoor and outdoor spaces for physical improvements, using universal design, and provide intergenerational programming for connectedness and physical activity.

Strategy PH4.1: Identify or develop publicly accessible spaces as physical community hubs in each Dedham neighborhood

Strategy PH4.2: Designate spaces in existing community buildings (e.g., Town Hall, Library, etc.) for physical improvements, using universal design principles, to host inter-generational community programming

Strategy PH4.3: Implement Dedham's 2019 Open Space and Recreation Plan and prioritize objectives





PH5 Goal 5: Enact policies and programs that foster inclusive civic and social engagement and expand the outreach and communication for health services available to residents.

Efforts to improve community-wide public health should focus on portions of the community that are not equitably served by current practices and that experience persistent health disparities. Inequitable health outcomes often follow socioeconomic and demographic differences in a community including race, age, or economic characteristics. Improving equity in health services can only be achieved when the voices and lived experiences of those not equitably served are heard and integrated during planning and Town decision making. In order to ensure that all Dedham residents feel heard and included, Town decision making should involve residents from a variety of racial, ethnic, age and economic groups. Dedham should also continuously think about how to engage difficult to reach populations to ensure varied perspectives to inform Town decisions.

Strategy PH5.1: Pilot use of Race Forward's Choice Points to Advance Equity framework in residential development decision making processes (e.g., Planning Board, Zoning Board of Appeals) for one year. Track and evaluate outcomes to assess use of framework in other municipal development decision-making

Strategy PH5.2: Establish trainings about requirements and best practices such as Open Meeting Law compliance, email and communication norms, and decision-making processes. This may include regularly connecting board and committee members with existing resources such as the Citizen Planner Training Collaborative, providing information in multiple languages, and providing translation on the Town website.





PH6 Goal 6: Support daily physical activity and eliminate risk of traffic related injuries and fatalities.

Walking and biking are both convenient and desirable forms of transportation, and provide opportunities for residents to engage in physical activity with overall public health benefits. Dedham should prioritize active living, open space, and connectivity investments to reduce the risk of acute, chronic disease, injury and premature death and ensure that all residents have access to safe outdoor recreational areas.

Strategy PH6.1: Adopt a Vision Zero strategy to eliminate all traffic fatalities and severe injuries by implementing the core priorities: managing speeds, centering equity, and engaging communities

Strategy PH6.2: Use MAPC's Local Access Score to prioritize bicycle and pedestrian capital investments that connect residents to health destinations such as grocery stores, commercial districts, recreation s destinations, transit, and schools

Strategy PH6.3: Ensure the Dedham Council on Aging is recording unmet transportation and trip requests. Use this data to help develop revised transportation services

Strategy PH6.4: Develop multi-lingual guides to parks and public lands that show trails, special features, and access points for pedestrians and vehicles





Public Health and Livability Implementation

Critical next steps

In the Implementation Chapter of the Master Plan, a more detailed level of actions is added under each goal and strategy. The actions are associated with responsible parties, a suggested timeframe, and potential external funding or resources that may be helpful, if available. The following critical next steps highlight several of these actions that would provide tangible steps toward progress on the top priorities that have been identified for public health and livability.

PH1 Assign a staff member to identify local, state, and regional funding opportunities to help facilitate capacity building and professional development for the Dedham Health Department.

This action complements the first Public Health and Livability goal to invest in Dedham's Health Department and would help advance the health department toward a high performing "Public Health 3.0" department. With dedicated resources, it can augment and expand existing work that the health department is already leading and would help fill gaps in services and programming that have been identified as a priority among Dedham residents. These services include more robust and regular youth prevention programming, mental health and substance resources, climate change, and health and racial equity. Examples of funding that

can help support the health department include Public Health Excellence Grants which encourage municipal health departments to engage in regional and shared partnerships. In addition to grant funding, Dedham should explore where funding from the American Rescue Plan Act (ARPA) can be used to invest in priorities that have been identified by Dedham residents. The lead responsibility would be the Public Health Department. The timeframe for this action would be near-term, to occur within 1 to 3 years of the conclusion of the Master Plan process. Potential resources and additional considerations can be viewed in MAPC's ARPA Priorities Memo at <https://www.mapc.org/wp-content/uploads/2021/10/ARPA-Priorities-Memo.pdf>.

PH2 The Dedham Health Department should collaborate with all relevant parties (Dedham schools, Dedham Youth Commission, Riverside Community Care, Police Department, etc.) and develop regular annual workplans to advance mental health related work.

This action will ensure that all relevant stakeholders and partners that either work in Dedham or serve Dedham residents are engaging in work that is in a coordinated, collaborative, and complementary manner. The workplan should be informed by needs identified by Dedham residents and families and include components such as goals, actions, person/group to lead on



actions, timeframe, resources, and measures of success. The lead responsibility would be the Dedham Public Health Department in close coordination with the Dedham Public Schools, Dedham Youth Commission, Dedham Police Department, Dedham Organization for Substance Awareness (DOSA), and other partners. The timeframe for this action would be near-term, to occur within 1 to 3 years of the conclusion of the Master Plan process.

PH3 Build organizational capacity for racial equity work within Dedham Town Government to advance public health

This action takes two important forms: training and infrastructure. Dedham should continue to seek and provide professional development opportunities for its staff to increase understanding of institutional and structural racism and the importance of using racial equity tools to guide Town services. This understanding helps to see ways that policies and practices may impact different groups in Dedham, and in some cases may be creating unintended consequences or unintended harm. Trainings should not only focus on building knowledge among municipal staff but also work on building skills and confidence to implement strategies to advance racial equity in the staffs' daily work. Trainings will help ensure that all municipal staff are operating at the same baseline of knowledge and skills to advance racial equity which is an important first step to building sustainable infrastructure.

The lead responsibility for this action would be the Town Manager's office in close coordination with all Town Departments and staff. The timeframe for this action would be near-term, to occur within 1 to 3 years of the conclusion of the Master Plan process. Potential resources include reviewing existing models that have been implemented in other municipalities and identifying models that would best complement Dedham's current municipal infrastructure. For additional information and consideration, please view, the Government Alliance on Race & Equity (GARE) has prepared a resource titled "Advancing Racial Equity and Transforming Government" that is available at https://racialequityalliance.org/wp-content/uploads/2015/02/GARE-Resource_Guide.pdf.