



## PLANNING BOARD WORK SESSION

Monday, August 28, 2017 6:00 PM  
Council Chambers, City Hall

### MINUTES

Approved 9/25/2017

#### I. Call to Order

Mr. Wahrlich called the session to order at 6:00 PM and asked for a roll call.

#### II. Roll Call

**Present:** Marilyn Harris, Richard Wahrlich, Charlene Lovett, Marlene Jordan, David Putnam

**Absent:** William Greenrose, Bruce Kolenda, James Short, Victor Bergeron, Nicholas Koloski

**City Staff:** Michael McCrory, City Planner

#### III. Master Plan Update

##### a. Public Health Chapter

Mr. McCrory said the staff had some technical assistance in drafting this chapter.

The Board received the core text of the chapter in their packets; approximately 78 pages of supporting documentation was emailed (to save printing and mailing costs). This information will be incorporated as appendices to the main chapter.

Mr. McCrory said there has been a lot of work in public health in Claremont and Sullivan County in the last five years (at least) including the *Greater Sullivan County Public Health Region Community Health Improvement Plan (Public Health Priorities 2015-2020)*; *Community Health Survey* (focused on Claremont, published January 2015 – key findings included as appendix to the chapter); *2015 Community Health Needs Assessment 2015* (Valley Regional Healthcare). These documents describe current conditions, make findings and offer approaches to making improvements.

The City was able to get Bella Stachowski from the Dartmouth Community Health Program. (She is also working with the Greater Sullivan County Public Health Network.) Ms. Stachowski did the bulk of the work on the initial draft. The draft went through the Steering Committee as well as internal staff review. This is the version being reviewed in this session.

The intent of this chapter is to provide a general outline. There was discussion about specific metrics and tracking for this chapter, but the intent was for the chapter to have broader Goals and objectives to provide some discretion in how it is carried out.

The main chapter is slim with the emphasis on the Goals and objectives. It was also considered unnecessary to reproduce the information that is contained in the appendix.

Mr. Putnam said, “Your reflection on how this is designed so that it creates the frame work for the community to work and acknowledge public health issues and when the steering committee talked about this, with the advice of Nancy and others, to redevelop the City Health Council which are on the books to have and the thinking was that it would leave it up to them to design and come up with any of the formats to follow through doing the work, meaning matrices and reporting and surveys and all of that.. It shouldn’t be outlined here as specifics because we don’t know how it would be done yet. It’s up to the Council to work on.”

Mr. McCrory said that Mr. Putnam was referring to Goal 4, “Municipal Infrastructure”. Mr. McCrory said he calls this “soft infrastructure”, meaning that it refers to networks and individuals and time invested. There is a board of health that is already in the Claremont city code. He said Mr. Putnam was right, that there was concern that if there was some call for a health commission of sorts that it would add to the burden of the City, finding a way to find more volunteers to do more things. What’s important about this “middle ground” that we have come upon is taking the Board of Health that is already enabled in the City code and enacting it to shift the focus a little bit, to shift the perspective and vision of what the board would do. It redefines certain roles and responsibilities. It also extends into the various other topics covered in this chapter.

This chapter focuses on key items: healthy homes, healthy eating and active living, emergency preparedness, and municipal infrastructure. The first three of these are critical aspects to improving community health and the population’s well-being. “Healthy Homes” addresses lead, indoor air, property maintenance and things that can cause injury – “trip-and-fall hazards”.

There is already a community structure for emergency preparedness and emergency response that is very robust.

Mr. Wahrlich said that having a public health chapter in the Master Plan is a little unusual. Claremont is on the forefront by having this chapter. He said he wanted the public to know that we are not taking the burden away from the County and putting it on the City. Mr. McCrory agreed and said that the Vision statement might help with that.

#### VISION

*The City of Claremont is committed to fostering the health and well-being of all of its residents and to working across sectors to develop opportunities for every citizen to attain good physical and mental health. Our vision is to implement health promotion strategies in the City of Claremont that align with and complement regional public health priorities. The City acknowledges the significant work of Claremont’s public health agencies and organizations to address environmental, social, economic, and structural determinants of health. This chapter focuses on areas where we believe the City can complement existing local and regional efforts by:*

- *supporting efforts to improve substandard housing,*
- *supporting opportunities for healthy eating and active living,*
- *educating the community about local and regional plans for public health emergency preparedness, and*
- *implementing infrastructure to oversee municipal public health activities.*

Mr. McCrory said there are aspects to this chapter that are integral to the City's role in the average citizen's life. That's where we are looking to make those improvements. When we think about how the City can plan or anticipate or participate in the public process for healthy homes, we think about the objectives listed under "Healthy Homes": *Objective 1: Institute healthy homes initiatives. Support city-wide efforts to educate the community about home health hazard prevention and clean indoor air safety concerns. Reduce substandard and non-code compliant buildings in the City.* The intent here is the City recognizes that it's not the only "actor" in this realm. There are a lot of different organizations that work with this. But the City does have a role in it. The municipal infrastructure allows the City to step into that role.

Mr. McCrory said Goal #2 could probably be made a little more robust. HEAL (HealthyEatingActiveLiving) is a national program – there is a HEAL NH.

*HEAL NH envisions, "a New Hampshire where all residents have options to make healthy choices."*

The focus is on food and activity but there are other options. Hard infrastructure comes into play with Safe Routes to School, Safe Routes to Play, and Complete Streets.

*Support opportunities for community awareness about the impact of poverty and stress on childhood development.*

This may include addressing food insecurity or having appropriate clothing in bad weather. When we talk about certain populations that might be more sensitive or vulnerable, there might be things the City can do to help support better outcomes. This is what we are really looking at – making better outcomes as the health industry says – what are the results? What is the ultimate outcome? We strive for a physically healthy, mentally healthy community. We are looking to reducing barriers to access to care, access to good food, and access to safe activities.

Goal 3 addresses emergency preparedness – this is where we come into how planning operations or land use planning in the City or the different other community partners can cooperate to reduce the risk of a bad outcome. For example, a heat wave – someone is overcome with heat stress – is there a way to avoid that bad outcome? Perhaps they can go to an air-conditioned community center and avoid the heat stress.

Emergency preparedness can also focus on the more severe events – severe weather, disease outbreaks – but that is going to be something for the Board of Health when

it is reformed. This is where the municipal infrastructure comes in to advise on these things.

Goal 5 is “chase the grants”. An important function of the Master Plan is to identify priorities in the community that have been publicly vetted and approved by a board that can then be defensibly be included in a grant request.

Mr. McCrory called for questions from the Board.

Mayor Lovett said, “So this is the initial stab at a public health chapter and a lot of work’s been put into it which I appreciate. I do have some comments with – to me in areas it’s written very heavily from an operational point of view and I’d like to kind of focus a little bit more on the desired outcomes from more of a policy – what are we trying to achieve? A lot of these items I see in here are action steps, but I don’t know what we’re trying to get to specifically – something that, a broad range like, for instance when we go down in the vision statement, *‘This chapter focuses on areas where we believe the City can complement existing local and regional efforts by:’* - well there’s a lot about implementation, but not so much about formulating policy that achieves the desired outcome.”

Mr. Putnam said, “I can answer some of that. In our steering committee meeting and in other conversations, it intentionally, as Mike eluded to when he started, is that to go into this from the perspective that you’re talking of is outside what the City is now capable of doing with the departments and the staff and the idea and the conversation was once the health council is reestablished and it has some mentoring they then can sort out how to implement strategies and come up with some firm objectives, so that they partner with what’s going on already in the county, because we have a very strong, robust county organization and we didn’t want to compete with them so a lot of it is really up to the health council itself to focus on objectives and ways that don’t step on other people’s toes that are doing work already, partnering and broadening the working for Claremont.”

Mayor Lovett, “But that’s exactly my point. For instance, if you go through the Municode – that hasn’t been reviewed or revisited for I don’t know how many years – a long time – so, to me, one of the outcomes that you would want is to have a policy discussion about - theoretically the Council’s supposed to be reviewing this ordinance every five years – that hasn’t been done – I know it hasn’t been done. The Board of Health as it’s described in the Municode hasn’t existed in I don’t know how long. So, to me, before you go to the point where you’re having these action steps, one of the desired outcomes is to have a robust policy discussion pertaining to what does that look like? Because what is stated in the Municode currently, given the development of all of these other organizations and the assets we have at the county and community level, maybe that’s not how it should look. Maybe that’s not the optimal structure. But before we get to the action steps, that discussion has to take place. And it would seem to me that you would want in your Master Plan that as a desired outcome – to review and decide upon what is the optimal structure for implementing a lot of the things that you have in this chapter.”

Mr. Putnam asked if the Mayor was suggesting adding another bullet under the vision statement quoting what she had just said.

Mr. McCrory wondered if one of the existing objectives could be modified instead. He said the Goal already implies what the Mayor was talking about – that there needs to be a broader perspective – it just doesn't say it explicitly.

Mayor Lovett, "So to me if you want to equate Goal with desired outcome, the desired outcome, in my opinion, should be that priority be given to examining, analyzing the current Municode as it pertains to the Board of Health, and determine at the governance level if that's the correct structure."

Mr. McCrory suggested adding a bullet to objective 1 under Goal 4.

Mayor Lovett, "Personally I don't like these Goals "Municipal Infrastructure" – I don't know what you – to me, Master Planning is about - you have to be able to verbalize what it is you want to achieve. Once you identify what you want to achieve then you have your objectives or action steps that tell you how you are going to get there."

Mr. Putnam suggested changing "Municipal Infrastructure" to "Municipal Responsibilities".

Ms. Harris said she agreed with the Mayor to a certain point. "We are, in the objectives, defining the deputy health officer's role, defining the property maintenance code and other relevant codes, and perhaps I think all of our thoughts were that we were going to having a robust and comprehensive review of the municipal code, but it doesn't really say that. ... I don't have a huge problem with "Municipal Infrastructure", but I think it's more than a bullet. It has to be something in the description of Goal 4. Not an objective on its own, but I see Goal 4 and it describes what Goal 4 is and a lot of that Goal is explaining that the board hasn't been active in many years, but all it really says is the role will be community health and wellness. So maybe we can flesh this out a little more to be about review of the municipal code so that it parallels or is in sync with regional and county and the needs of the City."

Mayor Lovett, "I guess my thought would be, 'Reexamine current Municode as it pertains to the Board of Health and determine what the best infrastructure is to carry out these objectives.'"

Mr. Wahrlich said, "But I think that's kind of what the idea is."

Mayor Lovett, "But that's the outcome – the outcome is you want a board of health – if you're going to have one – and it's in the Municode so already that's a policy-governing topic – so what is it that we want the City Council to do with this? We want them to review it, right? Reexamine it, have a discussion that creates ..."

Mr. McCrory, “So the other question is, would it be, so just to be clear, would it be a role of the City Council or of this health commission to evaluate the Municode?”

Mayor Lovett, “It’s the role of the City Council to review these ordinances every five years and that’s in the Municode.”

Mr. McCrory, “Is there an opportunity for Council to delegate that to this commission or board of health?”

Mayor Lovett, “I can’t speak for the entire Council, but that’s one option. I think the first thing that has to happen is the Council needs to be aware of what the current Municode is and that it’s not functioning as it stands in the Municode and what is the desired outcome of the community as a whole as it pertains to health? And where should we go with that?”

Mr. Putnam suggested changing the wording of Goal 4 to “Municipal Board of Health” and adding a bullet under the first objective calling for the review of the codes for the board of health and public health policies for the City of Claremont. In this way, the Council would oversee it, but the board of health, once reestablished could take it on. The board would make recommendations to the Planning Board and the City Council on what they see is important to change. It would be their job.

Mr. Wahrlich said he thought the board would be a group of volunteers made up of different health organizations (appointed by the City Council). He said what he didn’t want to do is put it in a position where this is another burden on the Planning and Development Office to put together.

Mr. Putnam, “Because this is a chapter in the Master Plan it is our responsibility to oversee this.”

Ms. Harris, “I think it goes beyond that. It may be volunteers but it should include leaders of the community, the hospital, someone from the City Council and I think it’s more than a bullet. I think it has to be in the body of that paragraph.”

Mayor Lovett, “You have to remember this is a document that’s supposed to – it’s a statement of public policy. It’s not just about implementation. It’s what we’re trying to, in broad terms state what our overall policy – what the policy should be trying to achieve – therefore that’s why we have to put in the Master Plan what are the desired outcomes. Unless you identify that then you can’t create the policy to get there.

Mr. McCrory, “This is a big-picture document. We do want to set the vision for the chapter and the Goals to attain that vision. This does include reinvigorating the board of health. Whether or not a reevaluation of the city code is the board of health’s responsibility – I don’t think that’s necessarily a part of this chapter. But reevaluating the code itself is relevant to this chapter.” He read the portion of the code regarding membership of the board of health.

Mayor Lovett, “And when you review that whole part there’s inconsistencies in the code. It doesn’t make a lot of sense because I reviewed it before I came here. (Inconsistencies about personnel, appointments, and so on)”

Mr. McCrory said if there are inconsistencies in the code they certainly need to be addressed. Where that falls into these Goals and objectives and action items, he said he would ask your input. “When we talk municipal infrastructure, the original intent was that ‘municipal infrastructure’ was meant to be that soft infrastructure, that functional aspect of the City that could functionally promote the vision of this chapter. It does fixate on the board of health. We could focus on making improvements to the code, focus on making the board of health current, relevant and active.”

Mr. Wahrlich said he thought the chapter gives the City a pathway to follow and suggested a public forum in light of not covering this in the earlier forums held on the Master Plan.

Mr. Putnam said some information was gathered in the survey.

Mr. Wahrlich agreed and said that information that had been gathered had helped put this chapter together, but he said he was reluctant to specify how it would be implemented when the subject is uncertain.

Ms. Harris suggested the language, “Review and maintain the City’s municipal code especially relating to health and wellness and educate the public ...” as a means of addressing the concern with Goal 4. Mr. Putnam said he thought it “very viable”.

Mr. Putnam said he would put Goal 4 as Goal 1 if the Goals were to be listed in order of importance. He said, “Without this in place, it is hard to do any of the other Goals.”

Mayor Lovett, “If you get into what you want to achieve – the outcome – to me one of the Goals should be something along the lines – I don’t know what we’re going to call it because right now Municode calls it the board of health – maybe that might not be the organizational structure – but from a policy perspective – you want to ensure that if you are going to have one that’s properly resourced – that’s your policy part – how are you going to get there because we can create whatever organization, but if it’s just on a piece of paper then it doesn’t matter.”

Mr. Putnam, “When the steering committee reviewed this we weren’t aware of the fact that the policies and codes were not current enough to do what, Charlene, you’re saying should be done.”

Mayor Lovett, “There’s quite a few sections in the Municode where the organization identified is not the organization that is today – whatever the reasons are – but we don’t have a Municode that organizationally is reflective of today’s reality. But that’s not to say that today’s reality is optimally the structure that we want to have. So, if we are going to do a Master Plan, the Master Plan is the opportunity to redesign – if

it's not – I mean it hasn't been working for I don't know how long – we have what we have today for a number of reasons, but is that what we really want to have today?"

Mr. Wahrlich said he thought the chapter should go back to the steering committee.

Mayor Lovett, "The Council will be looking at the Master Plan and whatever outcome is identified. Their job is to figure out what policies, if any, should be created to make sure that happens and what resources in a budgetary process are aligned to make it happen. If we don't have the resources internally, meaning within the community, then what is the direction to access whatever in order to have happen..."

Mr. Wahrlich said he thought in this chapter the City would be relying on grants.

Mr. Putnam, "Well that and also there are a number of new initiatives improving public health issues in Claremont and Sullivan County – it's connecting all the dots and aligning efforts so that they're not duplicated so we get more work done with the limited manpower that we have to work on it."

Mayor Lovett, "And maybe that's another Goal stated to maximize the resources that are currently out there and build upon them or ensure duplication doesn't – whatever it is that we want to achieve so we get the outcome ... because there have been a lot of resources available, but sometimes we just don't know about them."

Mr. Putnam, "The last five years it's really grown a lot because other parts of the state are showing a strong interest in helping out Sullivan County."

Mayor Lovett, "Or sometimes we're leading the change."

Mr. Putnam, "As we are with this chapter." He asked Mr. McCrory for his opinion.

Mayor Lovett, "This is tough because it's the first foray into this field."

Mr. McCrory said he had "a very real concern that we may have the process kill the initiative. We have a health chapter and a desire to have community health as a coordinated effort – I'd hate to lose that in the process. In this context, this chapter inherently, and I think what needs to be done is, this chapter needs to be more clearly descriptive of the underlying assumptions. There is an implicit assumption that I don't think the chapter explains very well – that Claremont wants to help connect those dots. I want to see, personally, this chapter outline an intentional program related to benefiting community health outcomes. I want to be careful about what the Goals are and what those Goals will do – what the impact will be. If we have an opportunity to participate in a HEAL initiative or an opportunity to bring about an improvement for emergency preparedness, I don't want that to be delayed because there's no health committee. I would hate to make it a priority to have the code outline and the board of health together before being able to take advantage of other things. The Goals are not listed in order of priority. When we

think about how this public health chapter plays out in a broader planning perspective, I think we do need to address those policy questions of ‘how is the City code now?’ and ‘how does that play out?’ But I don’t think that needs to preempt or prevent the formation or reconstitution of the board of health.”

Mr. Wahrlich agreed. By putting together a group and getting it rolling, one of the first things they may want to do is to address the code and they may determine that that is not a priority.

Mr. McCrory said that the board of health needs to figure out their mission and take ownership of it. It would be a disservice to them to have a third party, e.g. City Council, telling them how the code is going to be changed for them.

Mayor Lovett, “The City Council is supposed to be reviewing the ordinances and updating them – but you want the board of health, that doesn’t exist now, to do that?”

Mr. McCrory, “The most appropriate thing, in my opinion, is to form the board of health and instruct them to do an assessment of the code. Delegating it to that board would be the most effective way to deal with it.” He went on to say that the volume of material presented in the chapter will be beyond any single individual or staffer to carry out. He said he thought it was fair to send the chapter back to the steering committee to determine what the chapter really means and to determine if the vision is accurate and if the Goals and objectives are going to carry it out. Adding language specific to policy changes or updates is needed. Prescribing how that happens is beyond the scope of this chapter.

Mr. Putnam asked if City Council would have a problem with a health council as an advisory board, reviewing the codes pertaining to this topic and making recommendations to the Council? He asked the Mayor if she felt that’s a good approach or if it is solely up to the Council to do that job.

Mayor Lovett, “So if this Master Plan were done, I’d be looking at ... what’s the desired outcome? If it’s to reexamine the board of health Municode as it pertains to the health chapter then I would send that down to the policy committee for a robust review. They would come back to the Council with their recommendations. The Council would have that discussion and they would agree on what the next action steps should be. And then it would go.”

Mr. Putnam asked if the board of health should have some input on the newer codes.

Mayor Lovett, “Of course they should, but first you’ve got to look at – the Municode is not – it’s archaic, obsolete – hasn’t been ...”

Mr. Wahrlich said if he were on that board and that’s what he saw, then he would say that “straight up – we need to do something with this” and tell the Council it needs

to be looked at. He said they also might have some better input - “why even sit there and look at this and we need to do something a little bit different.”

Mayor Lovett, “Exactly – what I don’t want to have happen is have, ‘okay let’s set up a board of health as it’s described in the Municode and it doesn’t even make sense. It’s written from 20-30 years ago.”

Mr. Wahrlich, “I just assume that I have a group of people that are somewhat invested in this type of thing.... I really hate to turn around and try to form something ... it’s good to give them a sense of direction but to tell them exactly ...”

Mayor Lovett, “So the policy committee in looking at the Municode would go to various health organizations – they would do the research and say, does the board of health even exist today in most communities in New Hampshire? What is the most effective mechanism for improving community health?”

Mr. Putnam suggested calling for an evaluation of the Municode before establishing a board of health.

Mayor Lovett said there are so many organizations already working on these issues and have been prior to this chapter having been written and that work is going to continue. She agreed with Mr. Wahrlich that volunteers should not be sought to serve on a board that may not exist in three months because that may not be the proper format. “But you can’t, in my opinion, it’s not right either to sidebar the City Council and they should – believe me – they’ve fallen down on the job in the past because these are supposed to be reviewed every five years and it hasn’t happened – that’s why we set up a policy committee.”

Mr. Putnam said that with this new chapter there is going to be a board of health that will from an advisory capacity oversee and make recommendations on how to implement the Goals and objectives. He said what he is hearing is that before we can implement the board of health so that they can, from an advisory capacity, find ways of fulfilling our Goals and objectives that has to be within a currently reviewed code so “we’re all on the same page”.

Mayor Lovett suggested that Planning Board send a letter to the City Council and say:

*‘We are in the process of establishing a public health chapter. This is the first one of its kind. We are aware of the fact that the Municode is out of date with regard to the board of health section. Could you make that a priority and send it to the policy committee for review?’*

She said, “That’s how you get the different pieces of City government to work the way it’s supposed to work.”

Mr. Wahrlich said he would want to sit with the steering committee that worked on this chapter and see how everybody wants to do that.

Mr. Putnam said the Board would have to vote on a motion to write the letter and asked when it would be appropriate for the Board to do that.

Mr. Wahrlich said he didn't think it should be done at this meeting. He said the steering committee should first go over the chapter in light of the comments made at this meeting and determine if something has been missed and how it should be approached. Then the steering committee would give their recommendation to the Planning Board and then the Planning Board could decide what it wants to do. He said he didn't want to overstep the steering committee and make a decision.

Mr. McCrory asked if the steering committee had discussed any issues about clarity because it didn't seem like the steering committee had any concern with the text as it is written now. Mr. Wahrlich said no. Mr. Putnam said the committee was "very comfortable with accepting and recognizing that this is a first time the City has had a chapter like this."

Mr. McCrory said the steering committee, the department director and the city manager all reviewed this and they all agreed with it. He asked if there was anything substantial that needed to be addressed.

Mr. Wahrlich said he wasn't suggesting that it be rewritten.

Ms. Harris said that after listening to the Mayor's comments, in her opinion, Goal 4 could be improved and she thought it was worth taking another look at it so that it has a broader description and includes the need to review the property maintenance and municipal codes.

It was agreed to return this chapter to the steering committee for discussion.

#### IV. **Adjournment**

**Motion:** To adjourn the work session.

**Made by:** Mr. Putnam                      **Second:** Ms. Jordan

**Vote:** Unanimous in favor

The meeting adjourned at 7:00 PM.

Respectfully submitted,  
*deForest Bearse*  
Resource Coordinator