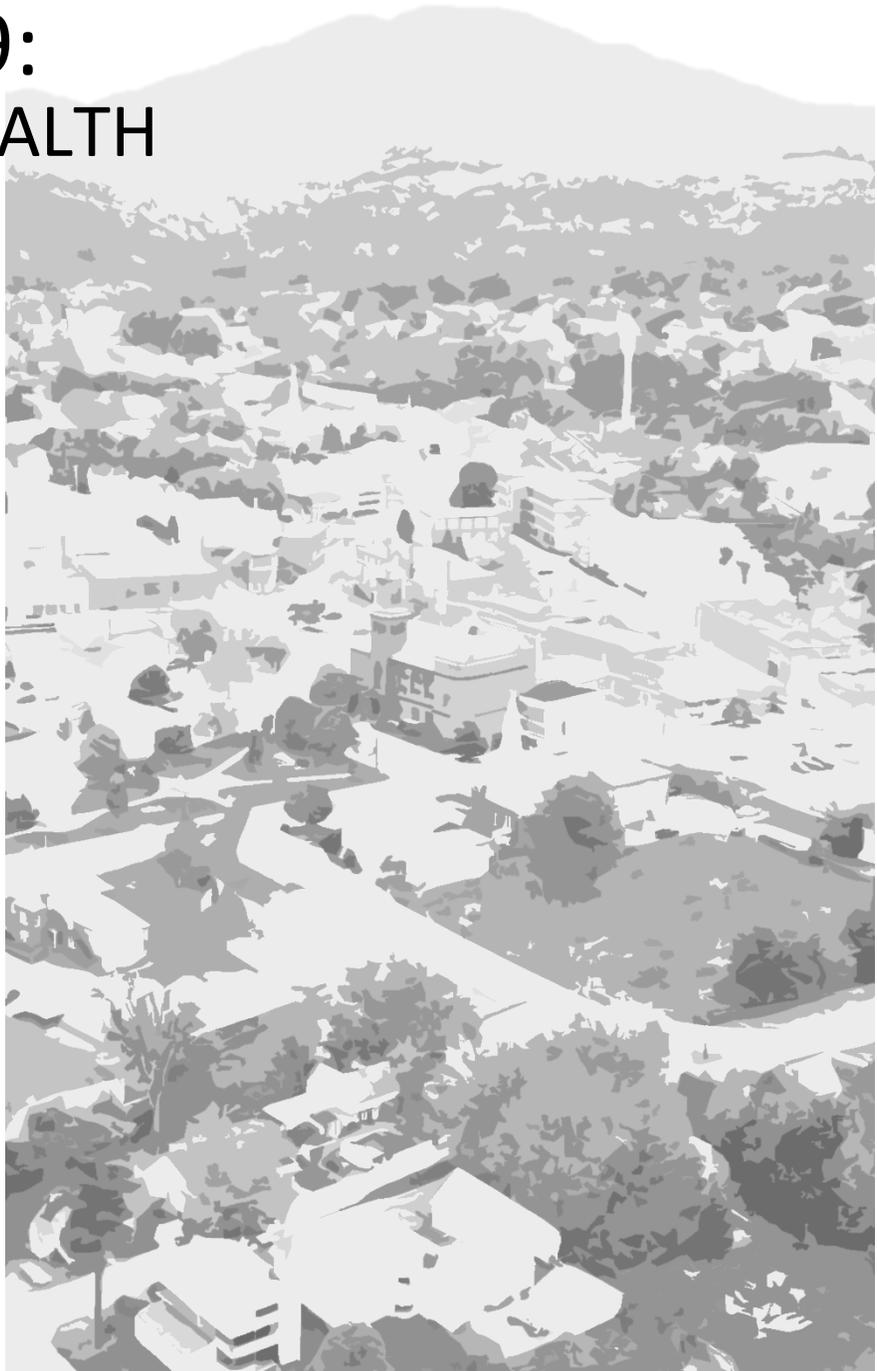


# CITY OF CLAREMONT MASTER PLAN 2017

## CHAPTER 9: PUBLIC HEALTH



Prepared by the  
Claremont Planning Board  
and the  
Claremont Planning and  
Development Department

## Chapter 9: Public Health



### 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.<sup>1</sup> 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.

This Public Health Chapter outlines the City’s objectives and action items for the following subject areas:

1. Healthy Homes

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<sup>1</sup> See Appendix A: Community Health Improvement Plan 2015-2020. Greater Sullivan County Public Health Network.

2. Healthy Eating and Active Living
3. Emergency Preparedness
4. Municipal Infrastructure

## Introduction

The overall intent of this chapter is to provide guidance for community health in the municipal health, planning and code enforcement context. We recognize there are many community health organizations in Claremont and Sullivan County and it is the City's intent to help support those functions, without duplication. The Vision forms four main sections of the chapter where municipal government can have the most impact.

## Existing Conditions

One's health is determined by the complex interrelationship of many factors, including: individual behaviors, built environment, education, biology and genetics, access to health care services, economic stability, social and community context, and health policy.<sup>2</sup> Achieving public health outcomes requires a systematic approach to identifying and rectifying barriers in each of these areas. Our community continues to strive to improve health, housing, education, and transportation systems along with increasing access to resources so that the City of Claremont is a healthy and inviting place for people of all ages to live.

Some determinants of health, such as economic stability, strongly impact one's ability to access their own or their family's health needs (e.g. healthy housing, recreation, substance abuse treatment, dental care, transportation, child care, etc.). For example, the lack of economic stability is a strong indicator of vulnerability to health risks and access to health care. According to the US Census 2011-2015 American Community Survey, approximately one in seven individuals is living below the federal poverty level and nearly one in five of those living in poverty is under 18 years old.<sup>3</sup> Claremont's health outcomes are among the lowest in New Hampshire. According to 2017 County Health Rankings data, Sullivan County—within which Claremont is the largest city—ranks 9th out of New Hampshire's ten counties for health *outcomes*, and 7<sup>th</sup> for health *factors*.

Claremont's demonstrated need, however, also offers significant opportunity for increased collaboration and coordination between traditional health care systems and services addressing social determinants of health, including employment opportunities, good quality housing, reliable transportation choices, education, and social supports.<sup>4</sup> Research increasingly

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<sup>2</sup> Determinants of Health. Healthy People 2020. Retrieved from <https://www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health>

<sup>3</sup> United States Census Bureau. American Fact Finder. Retrieved from <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

<sup>4</sup> Social Determinants of Health. Healthy People 2020. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

emphasizes the impact of where we live, work, and play on our capacity to attain good health.<sup>5</sup> Therefore, community health is, collectively, a community responsibility with the municipal government acting a partner with health care and educational institutions, service organizations, businesses and residents.

The City aims to support and maintain policies and practices that promote physical, mental, and spiritual health, social well-being, and health equity. The following list provides a snapshot of the variety of assets in Claremont relating to these dimensions of health:

Physical Health: Hiking trails and public parks; various recreational and athletic fields; a critical access hospital; community dental clinic; alternative health practices; exercise and physical fitness centers; nursing homes; assisted living facilities; a transitional housing shelter; a food shelf and meal delivery programs; and a summer meals program for all school-aged children.

Spiritual Health: Places of worship; various faith-based organizations operating volunteer programs.

Mental Health: Several mental health practitioners and agencies; and community collaborations for promoting good mental health.

Social Well-Being: City-operated parks and recreation programming; school-operated extracurricular activities and athletic programming; public library; Claremont Opera House; affordable senior housing complexes; transitional housing programs; privately owned congregate housing units; neighborhood organizations; a local bus organization; a parent child center; organizations dedicated to social rehabilitation; several home and licensed childcare facilities; a full-time police and fire department; cultural arts and music, and social service agencies.

## **Overview of Health Assessments in Claremont, 2014 — Present**

In the summer of 2014, ReThink Health: Upper Connecticut River Valley, The Dartmouth Institute for Health Policy and Clinical Practice, Valley Regional Hospital, and several community partners conducted a health survey in Claremont. The aim was to better understand the current health status of the community and to identify challenges to health and wellness. Among other key findings, the survey highlighted that more than 1 in 10 respondents (13%) were unable to obtain the care they needed, and 41% of respondents were identified as obese.<sup>6</sup> Respondents also reported cost as the biggest barrier to obtaining mental, dental, and general medical care. For more information on the results of this survey, see Appendix B. Furthermore, in the spring and summer of 2015, Valley Regional Hospital conducted a Community Health Needs Assessment in their service area of New Hampshire in partnership

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<sup>5</sup> National Academies of Sciences, Engineering, and Medicine. 2017. *Communities in Action: Pathways to Health Equity*. Washington, DC: The National Academies Press, p. S-7.

<sup>6</sup> Claremont Health Survey: Key Findings. January 2015. The Dartmouth Institute for Health Policy and Clinical Practice & ReThink Health: Upper Connecticut River Valley.

with other area hospitals. The stated purpose of this assessment was “to identify community health concerns, priorities and opportunities for community health and health care delivery systems improvement.”<sup>7</sup> The top concerns that emerged from the assessment are:

1. Alcohol and drug misuse, including heroin and misuse of pain medications
2. Access to mental health care
3. Access to enough and affordable health insurance; cost of prescription drugs
4. Lack of physical activity; need for recreational opportunities and active living
5. Access to dental health care

Given the top positions of both mental health and substance misuse in local, regional, and statewide health needs assessments, the City recommends and supports continued work and development of resources for mental health care as well as substance misuse prevention, treatment and recovery. The City entrusts area hospitals, service providers, schools, and other pertinent agencies with carrying out this important work. We will provide letters of support for grant opportunities, as needed, and work with the Greater Sullivan County Public Health Network (GSCPHN) to ensure that Claremont’s efforts are linked into regional strategies.

The GSCPHN is staffed by a core team that facilitates efforts relating to the priority areas identified in the Community Health Improvement Plan<sup>8</sup> and guided by the Greater Sullivan County Public Health Advisory Council (PHAC). The City and many representatives from public health agencies across Claremont are active members of the PHAC, whose mission is to foster a community that supports healthy lives, health equity, and well-being for people of all ages. The PHAC’s role is to set community health goals based on identified community health needs and facilitate partners convening to discuss their work toward those goals.



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<sup>7</sup> See Appendix C. Community Health Needs Assessment. September 2015. Valley Regional Hospital.

<sup>8</sup> See Appendix A: Community Health Improvement Plan 2015-2020. Greater Sullivan County Public Health Network.

## Goals

### Goal 1: Healthy Homes

Claremont has a high percentage of dwelling units built before 1978 (please see Housing Chapter of this plan for detailed housing data and maps) and a higher risk for lead poisoning and other associated health issues related to older buildings. Some of the other environmental health issues of concern can also apply to newer housing, so these recommendations are relevant to all property owners in the community. Healthy Homes and Clean Indoor Air overlap as they seek to comprehensively address lead hazard control with other environmental health and safety concerns including mold, lead, allergens, asthma, carbon monoxide, home safety, pesticides and radon. Clean Indoor Air also overlaps with weatherization and energy efficiency measures which are designed to reduce fossil fuel use.

- Objective 1.1: 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.
  1. Lead:
    - a. Educate the public about lead poisoning and prevention.
    - b. Identify and work with partners who provide resources for lead abatement.
    - c. Utilize GIS mapping as a tool to identify and justify high priority areas for intervention and to visualize efforts.
    - d. Provide information on certification and technical training to contractors, homeowners, and home builders for lead abatement. Facilitate training with lead assessment or remediation specialists.
    - e. Support regulatory review of buildings with partners and certified lead specialists.
  2. Clean indoor air:
    - a. Implement the use of the HUD checklist for building inspections.
    - b. Educate property owners on correct weatherization measures and clean indoor air.
    - c. Bolster online resources with EPA Technical Assistance.
    - d. Educate property owners on mold, asbestos, radon, allergens and lead, and work with partners to provide resources for remediation.
  3. Property maintenance:
    - a. Provide tools and resources for homeowners to prevent or reduce home health hazards, including: falls, lead poisoning, mold, asbestos exposure, and radon exposure.
    - b. Demonstrate financial benefits of consistent property maintenance to landlords managing residential units.
    - c. Educate landlords about funding opportunities to support healthy homes initiatives.
    - d. Communicate with residents regarding control of health vectors such as rodents, ticks and mosquitoes. Work with property owners and tenants on bed bug control.

### Goal 2: Healthy Eating Active Living (HEAL)

Healthy Eating Active Living (HEAL) initiatives have been active throughout the United States for over a decade to promote positive community health factors like access to healthy food

choices, opportunities for exercise. HEAL NH envisions, “a New Hampshire where all residents have options to make healthy choices.”

- Objective 2.1: Support opportunities for healthy eating and nutrition education.
  1. Farm-to-school:
    - a. Educate schools about the benefits of farm-to-school initiatives.
    - b. Pursue partnership with farm-to-school programs for technical assistance or seek grant funding, if needed.
  2. Farmers’ market:
    - a. Encourage availability of healthier retail options at the farmers’ market.
    - b. Support implementation of EBT system to allow low-income residents to use federal or other food assistance programs to purchase fresh fruits and vegetables.
  3. Community gardens:
    - a. Support maintenance of the Claremont Community Garden to ensure health and quality of soil and produce
    - b. Encourage development of micro-groceries that integrate produce from community garden.
    - c. Expand the community garden program.
    - d. Support gardening, nutrition and cooking education.
- Objective 2.2: Support opportunities for active living.
  1. Support recreational programs in partnership with the Claremont School District, Parks and Recreation Department, and area health agencies, where appropriate.
  2. Safe routes to school and safe routes to play:
    - a. Seek grant funding to support initiatives that ensure children have safe routes to school and to play.
  3. Pedestrian improvements:
    - a. Incorporate complete streets design into the City Center to increase the opportunity for active living. Complete Streets is a philosophy that guides community, planning, and transportation agencies to consider and incorporate safe access to destinations for everyone, regardless of age or ability, or mode of transportation, when feasible.
    - b. Support Department of Public Works work program and/or capital improvements program to maintain safe and adequate pedestrian pathways connecting neighborhoods to the downtown area.
    - c. Explore opportunities to develop facilities accessible to people with disabilities.
    - d. Continue to develop and facilitate use of rail trail.
    - e. Identify opportunities for improvement to pedestrian routes between key community destinations (e.g. between grocery store and senior living facility, etc.). Include improved signage and accessible crosswalks in these projects.
- Objective 2.3: Support opportunities for community awareness about the impact of poverty and stress on childhood development.
  1. Partner with the School District and key stakeholders to educate the community on the impacts of poverty on public health.
  2. Identify opportunities in this chapter and other chapters in this Master Plan to alleviate the impact of poverty on children and adults to include health services for those with

physical and mental disabilities as well as workforce opportunities and re-training for the underserved.

For more information on poverty and stress:

- About Adverse Childhood Experiences (CDC.gov): [https://www.cdc.gov/violenceprevention/acestudy/about\\_ace.html](https://www.cdc.gov/violenceprevention/acestudy/about_ace.html)
- Practicing Effective Prevention (SAMHSA.gov): <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>

### Goal 3: Emergency Preparedness

Public emergencies can result in public health emergencies like injuries, exposure to severe weather conditions, or disease outbreaks. While public health emergencies are relatively rare, the impacts to community health can be severe. Therefore, community emergency preparedness is an important goal in this Chapter.

- Objective 3.1: Retain and maintain the City's emergency plan for public safety and emergency response and educate the public about the importance of emergency preparedness.
  1. Educate community about various emergency response plans, including local school district and hospital plans as well as regional plans.
  2. Uphold agreement with the GSCPHN to indicate that the City has read and maintained a current copy of the Emergency Annex to FEMA Emergency Support Function (ESF) #8 – Public Health and Medical Services and understands their role and responsibility in the event of a public health emergency.
  3. Continue to hold emergency preparedness sessions with local, regional and state stakeholders.

For more information on emergency preparedness:

- <http://sullivancountynh.gov/publichealth/>
- ReadyNH.gov
- NH Alerts (<https://public.coderedweb.com/cne/en-US/BFC2664C2B92>)
- <https://www.ready.gov/>
- <https://emergency.cdc.gov/>

### Goal 4: Municipal Organizational Structure for Public Health and Wellness

The Claremont City Code, sections 2-71 – 2-75 provide the structure for a Board of Health. This Board has not been active in many years and it is recommended that the code be updated to recognize a more expanded advisory role in the Healthy Homes Initiative, property maintenance, food safety, nuisance, disease or natural disasters, and Healthy Eating Active Living. Its role would be Community Health and Wellness.

- Objective 4.1: Review and amend the City code relating to community health, and the healthy homes initiative.
  1. Review and amend the Claremont City code including municipal staff roles and responsibility, including the Health Officer and Deputy Health Officer.

2. Establish a Public Health and Wellness Committee (in place of the current Board of Health described in the City Code) whose efforts are linked to community and regional health organizations; ensure that one member of the committee also serves on the Executive Committee of the Greater Sullivan County Public Health Advisory Council. The Public Health and Wellness Committee will have a mission to fulfill the vision of this public health chapter.

Objective 4.2: Support City and School implementation of wellness programs.

1. Establish and maintain education, staff wellness, and partner programs to benefit a community wide wellness focus.

Goal 5: Identify and apply for appropriate grants to facilitate action items in this Chapter.



**Appendices:**

The following appendices have not been included in this printing. Digital copies are available online:

Appendix A: Community Health Improvement Plan 2015-2020

[http://www.claremontnh.com/MP2017/PublicHealth\\_AppA.pdf](http://www.claremontnh.com/MP2017/PublicHealth_AppA.pdf)

Appendix B: Claremont Health Survey, 2014

[http://www.claremontnh.com/MP2017/PublicHealth\\_AppB.pdf](http://www.claremontnh.com/MP2017/PublicHealth_AppB.pdf)

Appendix C: Community Health Needs Assessment, September 2015

[http://www.claremontnh.com/MP2017/PublicHealth\\_AppC.pdf](http://www.claremontnh.com/MP2017/PublicHealth_AppC.pdf)