Needham Board of Health

REVISED AGENDA

Friday April 12, 2019
7:00 – 9:00 a.m.

Multi-Purpose Room
Rosemary Recreation Complex
178 Rosemary Street, Needham MA 02494

- **7:00 to 7:05 – Welcome & Review of Minutes (March 8th)**
- **7:05 to 7:15 – Introduction of New Board of Health Members**
- **7:15 to 7:45 – Staff Introductions and Review of Responsibilities**
- **7:45 to 8:15 – Staff Reports (March)**
- **8:15 to 8:30 – Discussion of Board of Health Fees and Charges; *Proposed Vote***
- **8:30 to 8:45 – Review and Discussion of 2013 FDA Food Code and Annex 1**
- **8:45 to 8:50 – Discussion of the draft "Plan for Health" Toolkit**
- **8:50 to 8:55 – Discussion of Warrant for 2019 Annual Town Meeting**
- **Other Items**
- **Next Meeting (tentatively May 10th, 7:00 – 9:00 a.m.)**
- **Adjournment**

(Please note that all times are approximate)

178 Rosemary Street, Needham, MA 02494
E-mail: healthdepartment@needhamma.gov
781-455-7940 (tel); 781-455-7922 (fax)
Web: www.needhamma.gov/health

Needham Public Health Division

March 2019

Assist. Health Dir. - Tara Gurge
Health Agents - Diana Acosta and Monica Pancare

Activities

Activity	*Notes*
Animal Permit Application	**1 – Animal Permit application plan review conducted for:** - **Needham Golf Club** – In order to house up to 3 goats on site for landscape management. Met with owner to review regulation requirements. (Still in plan review process.) Will set up required inspections with Animal Control early spring.
CBD Advisory	**1 – Advisory Email sent out to all food establishments :** - Advisory stated that CBD is not an approved food additive.
FDA Grant Standard 9 Intervention Training letters sent	**2 – FDA Grant letters sent to:** - **Individual Site Visit Training letter sent to 25 food establishments (those that were found to have at least 3 or more major foodborne illness risk factors defined by the Risk Factor Surveys that were conducted last fall.)** - **Group Forum Training* letters sent to all permitted Retail/Food establishments.** ***Trainings to be held end of April.***
Demo Reviews/ Approvals	**7 - Demolition sign-offs:** • 404 High Rock Street • 78 Walnut Street • 17 Bess Street • 35 Pershing Road • 49 Kenney Street • 132 Evelyn Road • 1124 Central Ave.
Farmer's Market Permits	**1 – Farmers Market Permit issued:** - Auntie Dalie's Dry Pasta (previous vendor) **2 – Farmers Market Permit Application received:** - Ackermann Maple Farm (previous vendor) - Peg's Preserves (new vendor)
Food – Temporary Food Event Permits	**3 – Temporary Food Permits issued to:** - Needham Jr. Football's - Football Open House - Great Hall Performance – Jim Messina Concert - Heritage of Sherborn @ YMCA Giving Gala **4 – Pending Temporary Food Permit Applications:** - Legal Seafoods @ Intex Solutions – waiting for response on set up questions - Sam's Hot Dogs @ Pansy Day – pending cart inspection - Needham Baseball & Softball – pending DeFazio's inspection - Chubby Chickpea Food Truck @ BID outpatient grand opening – pending truck inspection
Food – Mobile Trucks	**1 – Mobile Food Truck inspected** - Chicken and Rice Guys (previous vendor)
Food – Food Permit Plan Reviews/ Updates	**2 – Food Permit Plan Reviews conducted for:** - Pancho's Taqueria – Updated kitchen layout plan still pending for review. - Forklift Catering – To take over vacant #301 Reservoir St. location. **2 – Food Establishment looking to start their Pre-operation inspection process:** - Eat Well – **(Still Pending)** Pre-operation inspections pending. - Servente Bakery & Café **–** Permit packet and fees received. Awaiting bathroom renovations. Pre-operation insp. pending.

	1 – Food establishment not renewing their lease: - Acapulcos – We are still waiting for a confirmation on that closing date which is estimated now to be the end of May.
Food Complaint	**1/1 – Food Complaint/Follow Up:** **Blue on Highland –** Complainant called to report 7 of the 12 people they dined with became ill after having a dinner at Blue on Highland. Followed up with complainant to gather 72 hour food history (only received from complainant, not others in the party). No one in party reported going to the doctor. Illnesses were not confirmed as foodborne. Followed up with Blue on Highland and confirmed no employees were sick prior to incident. The manager proactively hired a cleaning company to come in and sanitize all surfaces in the restaurant. Manager also checked for any recalls from food suppliers to ensure items were not contaminated. Tara and Diana conducted a site visit and found cold holding equipment to be in working order. No signs of cross contamination. Foodborne Illness Complaint worksheet has been submitted to the MDPH FPP.
Registered Marijuana Dispensary (RMD)	- Working with Sira Naturals RMD in reviewing additional proposed MIP product labels. (They would like to be kept in the loop on our revised local regulation process, which we are continuing to research.) **UPDATE** – Sira Naturals developed a separate label for their newly proposed MIP chocolate bar for their Medical RMD facility in Needham, which meets our local RMD regulation requirements.
Housing – Complaints/Follow-ups	**2/2 – Housing Complaints /Follow Ups:** - **Captain Robert Cook Drive** – Mice have been seen by resident in unit. Diana emailed the Interim Director and Maintenance Director of Needham Housing Authority (NHA) about unit. Pest control service had been out the same day. A maintenance staff member from NHA was present with the pest control company during that service. Diana followed up with Pest Control Company and the company reported they had baited the unit. The company only would follow up if the customer reported any new activity 10 days after the boxes had been placed. No further activity has been reported to NPHD. - **Mark Lee Road –** Occupant called to report that they had to call the Needham Fire Department (NFD) as they smelled something odd coming from the garage. Burners were smoking and the NFD came in. CO was detected at a high level in garage and no detectors were in unit. The furnace was improperly repaired. Diana provided NFD with landlord information. The landlord was contacted by NFD. NFD is continuing to follow up with this property. (Occupant has not invited NPHD in to conduct an inspection.)
Nuisance – Complaints/ Follow-ups	**6/8 – Nuisance Complaints/Follow-ups conducted for:** - **Briarwood Circle** -**UPDATE**: Large logs in front of property have been removed. Chopped wood has been put on raised palates and milk crates. Owner made aware to prevent standing water that may pool on tarps over some of the wood piles. - **Stonecrest Drive –** A neighbor is allegedly feeding birds, and inadvertently attracting turkeys as well into the area. The complainant is concerned that they will become aggressive and have been defecating on his property as well. Diana spoke with Animal Control Officer Parsons to discuss the issues of attracting wild turkeys. Officer Parsons also witnessed a group of about 12 turkeys roosting on the property in question. Diana called neighbor in question multiple times with no answer. A letter was sent out to the neighbor with information from MassWildlife and Mass.gov advising against the feeding of turkeys as it may lead to other animals, such as small mammals, to come into the area. The small mammals can serve as a vector of disease because they can act as a host to ticks. Neighbor had submitted a letter to the Health Division. (Will continue to monitor.) - **A-to-Z Daycare/Kearny Road –** Employee called about dog waste not being picked up near their playground area. Employee had been in contact with the building's landlord who stated that they would have it cleaned up, but no action was taken. Diana performed a site visit and observed the dog waste. She witnessed that a dog was tied up in the area with a lead long enough to suggest that it could be the dog leaving waste next to the daycare's property. Diana spoke with the property manager of the building who gave the contact information for the office with a dog. Diana called the office and the employee admitted their therapy dog was kept outside and they will remind staff to pick up after the dog. - **Dumpsters near CVS/Farmhouse/Hearth/Masala Art –** Owner of Needham Children's Center reported that the pest control company had stated that there were rodents in the

	area. Diana went on site and observed there were burrows along the property line and behind the shared dumpster enclosure. Tara and Diana required a mandatory meeting to be held with a representative from Farmhouse, Hearth, NW Pest Control, two representatives from EcoLab and two representatives from the daycare. Masala Art Restaurant was also kept in the loop. A plan of action was put together where the restaurants will ensure trash pickup is sufficient to prevent trash overflow and that the shared dumpster enclosure is kept as clean as possible. CVS was asked to remove excess clutter near their two dumpsters. All pest control companies were asked to collaborate on a pest control management plan. The Health Division immediately initiated the mandatory increase in pest control service to min. 1-2x/week, and weekly submission of pest control reports for our review. Dumpster management was immediately improved. Masala Art now working with EHS Pest on an extensive pest control exclusion plan to rid harborage areas observed in their alley way. A second meeting was held with a representative from Farmhouse, CVS, NW Pest Control, Needham Children's Center, and EHS Pest. After the second meeting, the landlord added gravel to the harborage areas behind and adjacent to the shared dumpster enclosure. There was initial concern with the risk of disruption of the current pest control plan with the addition of this gravel, but the pest company reported the gravel would not hinder the progress that has been made. **UPDATE** – Pest elimination progress being made. A scheduled meeting to be set up with the Town Manager in the next couple of weeks to review progress and to discuss the option of relocating the shared dumpster enclosure to the other side of the parking lot, and away from the daycare, which the landlord would need to be on board with. - **Parking lot behind Dunkin Donuts/Subway on Highland –** Resident reported that area near train tracks was covered in debris and garbage. Diana performed a site visit and witnessed open dumpsters and trash blown out next to train tracks. While Diana was documenting the area a landscaping company arrived on site to cleanup. Diana followed up and spoke with the restaurant owners and also confirmed that the location had been cleared of debris. - **North Hill –** Pests spotted in Bistro and Suma by resident. Diana followed up with the manager. He reported that he was aware of the issue. Pest control had been on site the same day and the manager reported that there will be daily pest control service until the issue is eradicated.
Septic – Title Five Conditional Pass Letters	**2 – MassDEP Title Five Inspection Conditional Pass Letters sent to owners of:** - **#32 Gatewood Dr. –** Conditional Pass/Repair letter sent to homeowner. (For broken D-Box.) - **#88 Stratford Rd. –** Conditional Pass/Repair letter sent to homeowner. (For broken D-Box.)
Septic - Soil Test Application	**1 – Soil Test Application received for:** - **#260 Cartwright Rd. –** For septic system upgrade.
Tobacco Complaint	**1 – Tobacco Complaint** - **Chambers Street** – Downstairs neighbor of complainant is allegedly smoking indoors. Diana forwarded complaint to NHA. This resident was previously flagged for smoking and NHA will be moving forward in their disciplinary process.
Tobacco Inspection	**2 – Routine Tobacco inspections conducted at:** - **Great Plain Avenue Gas** – In compliance. - **Sudbury Farms** – In compliance.
Tobacco Suspension/Letter sent	**1 – Tobacco Suspension initiated:** - **7-Eleven (Chestnut Street)** - Tobacco sales to be suspended, due to recent sale to minor, from Monday, March 25th – Monday, April 8th. Spot checks conducted throughout the suspension time period.
Waste Hauler Permits Issued	**22 – Waste Hauler renewal permit applications received. Inspections are being scheduled (on-going).** **3 – Waste Hauler Permits issued to:** - Volante Farms - The Junk Removers

	- Town Line Disposal **8 – Waste Hauler Inspections** - Casella (2 trucks – 1 truck pending) - Volante Farms (1 Truck) - The Junk Removers (4 Trucks) - Town Line Disposal (1 Truck)
Well Plan Review conducted/Approval to Drill Letter sent	**1 – New Geothermal Well permit application received for:** - **#54 Perry Drive** – Plan review conducted. Approval to Drill letter sent.

Yearly

Category	*Jul*	*Au*	*S*	*O*	*N*	*D*	*J*	*F*	*M*	*A*	*Ma*	*Ju*	***FY '19***	FY' 18	*FY' 17*	FY' 16	*Notes/Follow-Up*
Biotech	0	0	0	0	1	0	0	0	0	0	0	0	**1**	0	2	2	Biotech registrations
Bodywork	0	0	0	0	0	4	2	8	0	0	0	0	**14**	14	6	11	Bodywork Estab. Insp.
Bodywork	0	2	0	0	0	5	2	0	0	0	0	0	**9**	6	4	3	Bodywork Estab. Permits
Bodywork	0	2	1	0	0	16	2	0	0	0	0	0	**21**	22	13	10	Bodywork Pract. Permits
Bottling	0	0	1	0	0	0	0	0	0	0	0	0	**1**	1	2	1	Bottling Permit insp.
Demo	12	13	9	5	11	5	12	4	7	0	0	0	**78**	105	112	110	Demo reviews
Domestic Animal Permits/Insp.	0	1	1	0	0	0	0	0	0	0	0	0	**2**	19	17	16	Animal permits/
	0	0	20	0	1	0	0	0	0	0	0	0	**21**	3	16		Inspections
Food Service	16	8	23	25	16	13	20	9	22	0	0	0	**152**	225	198	209	Routine insp.
Food Service	3	1	0	1	0	1	1	0	0	0	0	0	**7**	32	37	35	Pre-oper. Insp.
Retail	6	5	7	7	2	2	3	4	4	0	0	0	**40**	60	69	71	Routine insp.
Resid. kitchen	0	1	0	0	1	0	0	1	2	0	0	0	**5**	8	7	11	Routine insp.
Mobile	1	4	0	1	0	0	0	0	1	0	0	0	**7**	13	15	9	Routine insp.
Food Service	1	1	0	3	5	3	4	4	3	0	0	0	**24**	53	51	50	Re-insp.
Food Service/retail	2	1	0	0	1	129	1	0	0	0	0	0	**134**	171	177	176	Annual/Seasonal Permits
Food Service	7	12	19	14	12	2	3	3	3	0	0	0	**75**	163	158	107	Temp. food
	9	1	10	0	0	0	0	0	0	0	0	0	**20**	29	62	54	permits/Inspecti
Food Service	1	0	1	0	0	0	0	0	1	0	0	0	**3**	14	7	9	Farmers Market permits
	50	45	41	42	10	0	0	0	0	0	0	0	**188**	127	33	16	Farmers Market insp.

Food Service	0	2	0	2	1	1	1	3	1	0	0	0	**11**	20	13	21	New Compl/
	0	2	0	2	1	1	4	3	1	0	0	0	**14**	21	17	21	Follow-ups
Food Service	0	1	1	3	4	3	2	1	2	0	0	0	**17**	42	33	32	Plan Reviews
Food Service	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0	0	3	Admin. Hearings
Grease/ Septage Haulers	0	0	0	0	0	21	0	0	0	0	0	0	**21**	24	24	29	Grease/ Septage Hauler Permits
Housing (Chap II Housing)	0	0	0	0	0	0	0	0	0	0	0	0	**0**	14	14	7	Annual routine insp./
	0	0	0	0	0	0	0	0	0	0	0	0	**0**	5	4	4	Follow-up insp.
Housing	2	4	1	3	4	1	3	0	2	0	0	0	**20**	22	7	18	New Compl./
	3	5	1	4	4	1	3	3	2	0	0	0	**26**	24	11	37	Follow-ups
Hotel	0	0	0	0	0	3	0	0	0	0	0	0	**3**	3	3	3	Annual insp./
	0	0	0	0	0	0	1	0	0	0	0	0	**0**	0	0	0	Follow-ups
Nuisance	2	5	5	4	4	4	1	4	6	0	0	0	**35**	42	30	44	New Compl./
	2	5	5	4	4	4	1	4	8	0	0	0	**37**	42	45	50	Follow-ups
Pools	1	4	0	0	1	7	0	0	0	0	0	0	**13**	12	13	9	Pool insp./
	1	5	0	0	0	1	1	0	0	0	0	0	**8**	7	8	3	Follow up
Pools	1	2	1	0	0	7	1	0	0	0	0	0	**12**	12	9	9	Pool permits
Pools	2	1	0	0	0	0	0	0	0	0	0	0	**3**	44	19	8	Pool plan reviews
Pools	0	0	0	0	0	4	0	0	0	0	0	0	**4**	7	6	4	Pool variances
Septic	0	0	0	1	2	1	1	1	0	0	0	0	**6**	5	18	8	Septic Abandon
Septic	1	0	0	0	0	1	0	0	0	0	0	0	**2**	2	5	9	Addition to a home on a septic plan rev/approval
Septic	0	0	0	8	9	3	1	0	0	0	0	0	**21**	28	43	23	Install. Insp.
Septic	0	0	0	0	1	0	0	0	0	0	0	0	**1**	1	0	3	COC for repairs
Septic	0	0	0	0	2	1	1	0	0	0	0	0	**4**	4	3	3	COC for complete septic system
Septic	6	4	3	5	7	6	5	4	6	0	0	0	**46**	51	62	61	Info. requests

Septic	0	0	0	0	0	0	0	0	0	0	0	0	**0**	2	6	8	Soil/Perc Test.
Septic	0	1	0	1	2	0	0	0	0	0	0	0	**4**	5	8	6	Const. permits
Septic	0	0	1	0	1	3	2	0	0	0	0	0	**7**	9	11	9	Installer permits
Septic	0	0	1	0	1	1	1	0	0	0	0	0	**4**	3	6	6	Installer Tests
Septic	0	0	0	0	1	0	0	0	0	0	0	0	**1**	3	7	3	Deed Restrict.
Septic	1	1	0	1	2	1	0	0	0	0	0	0	**6**	23	14	14	Plan reviews
Sharps permits/Insp.	0	0	0	0	0	7	0	0	0	0	0	0	**7**	9	9	10	Disposal of Sharps permits/
	0	0	0	0	2	5	0	0	0	0	0	0	**7**	7			Inspections
Subdivision	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0	3	3	Plan review- Insp. of lots /
	0	0	0	0	0	0	0	0	0	0	0	0	**0**		1	0	Bond Releases
Special Permit/ Zoning memos	1	2	0	2	4	2	7	6	0	0	0	0	**24**	15	12	16	Special Permit/Zoning
Tobacco	0	0	0	0	0	10	0	0	0	0	0	0	**10**	11	12	13	Tobacco permits
Tobacco	4	1	3	2	0	0	1	1	2	0	0	0	**14**	18	25	25	Routine insp./
	1	0	0	0	0	0	0	0	2	0	0	0	**3**	3	6	7	Follow-up insp.
Tobacco	0	0	0	10	0	0	0	10	0	0	0	0	**20**	41	34	48	Compliance checks
Tobacco	0	0	0	0	0	0	0	2	1	0	0	0	**3**	4	2	4	New compl./
	0	0	0	0	0	0	0	2	1	0	0	0	**3**	4	2	4	Compl. follow-
Trash Haulers	0	0	0	0	0	0	0	0	3	0	0	0	**3**	14	26	30	Trash Hauler permits
Medical Waste Haulers	0	0	0	0	0	2	0	0	0	0	0	0	**2**	1	2	2	Medical Waste Hauler permits
Wells	0	2	0	0	0	0	2	0	1	0	0	0	**5**	2	7	6	Permission to drill letters/
	0	0	0	0	0	0	0	1	0	0	0	0	**1**	0	3	0	Well Permits

FY 19 Priority FBI Risk Violations Chart (By Date)

Restaurant	Insp. Date	Priority Violation	Description
Comella's	7/16/2018	**28 - 7-206.13 (A) Tracking Powders, Pest Control & Monitoring** - A tracking powder pesticide may not be used in a food establishment.	**Kitchen** -Eliminate mouse infestation
Cookies By Design	9/21/2018	**9-3-301.11 (B) Preventing Contamination from Hands** - Except when washing fruits and vegetables, food employees may not contact exposed, ready-to-eat food with their bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves or dispensing equip.	**Kitchen** -Need gloves.
Pollard Middle School	9/24/2018	**28-7-204.11 Sanitizers** - Chemical sanitizers, including chemical sanitizing solutions generated onsite, and other chemical antimicrobials applied to food-contact surfaces shall meet the requirements specified in 40 CFR 180.940. Chemical sanitizers shall not exceed manufacture's label instructions.	**Kitchen** -Sanitizer in 3 bay sink was low, ~100 ppm - should be 150-200 ppm.
St. Sebastian's	9/27/2018	**33-3-501.15 (A) Cooling Methods** - Cooling shall be accomplished in accordance with the time and temperature criteria specified under 3-501-14 by using one or more of the following: placing food in shallow pans; separating the food into smaller or thinner portions; using rapid cooling equipment; stirring the food in a container placed in an ice water bath; using containers that facilitate heat transfer; adding ice or other effective methods	**Kitchen** -Tortellini was at 68 F - Should be cold held in walk-in before being placed in the salad bar.
Gari	10/3/2018	**4-501.110 Warewasher Wash Sol. Temp.** - Ensure that low temp dishwash machine operates at a minimum of 120'F wash & rinse. The temperature of the wash solution in spray-type warewashers that use chemicals to sanitize may not be less than 120ºF.	**Kitchen** -110'F in wash cycle
Wingate at Needham	11/6/2018	**5-402.13 Conveying Sewage** - Sewage shall be conveyed to the point of disposal through an approved sanitary sewage system or other system, including use of sewage transport vehicles, waste retention tanks, pumps, pipes, hoses, and connections that are constructed, maintained, and operated according to law.	**Kitchen** - Repair hand wash sink drain in dish room
Beth Israel Deac. Hospital Kitchen	12/15/2018	**4-703.11 Methods-Hot Water and Chemical** -After being cleaned, equipment food-contact surfaces and utensils shall be sanitized in: hot water manual operations for at least 30 seconds; hot water mechanical achieving surface temperature of 160°F as measured by an irreversible registering temperature indicator; or chemical (manual or mechanical) for times specified the EPA-registered label use instructions.	**Kitchen** - Wash Temperature 140-140F.
Residences at Wingate	12/15/2018	**4-602.11 (A) Food-Contact Surfaces and Utensils** - Equipment food-contact surfaces and utensils shall be cleaned: before each use with a different type of raw animal food such as beef, fish, lamb, pork, or poultry; each time there is a change from working with raw foods to working with RTE foods; between uses with raw fruits and vegetables and with TCS food; before using or storing a food temperature measuring device; and any time during the operation when contamination may have occurred.	**Kitchen** - Slicing machine blade has encrusted food debris on rim of blade. Thorough cleaning and sanitizing required.
Sweet Tomatoes	12/20/2018	**3-501.14 (A) Cooling Cooked Foods** - Cooling cooked TCS foods shall be done within 2 hours from 135ºF to 70ºF and then within 4 hours from 70ºF to 41ºF.	**Kitchen** - A hot holding unit was found unplugged in the back of the kitchen on the shelf which contained tomato sauce and another pan of meatballs. PIC stated she was told to unplug it at 4

			o'clock the meatballs and sauce were in the danger zone products discarded tomato sauce was 106°F and meatballs were 110°F.
Briarwood Healthcare Center	1/6/2019	**7-201.11 Storage Separation** - Poisonous or toxic materials shall be stored so they cannot contaminate food, equipment, utensils, linens, and single-service and single use articles.	**Kitchen** - Oven cleaner and other toxic chemicals stored above prep sink and prep table area. Store segregated and away from all food, equipment prep areas.
Mandarin Cuisine	1/19/2019	**3-302.11 (A)(2) Raw Animal Foods Separated from each other** - Except when combined as ingredients, separating types of raw animal foods from each other such as beef, fish, lamb, pork and poultry during storage, preparation, holding, and display by: (a) Using separate equipment for each type, or (b) Arranging each type of food in equipment so that cross contamination of one type with another is prevented and (c) preparing each type of food at different times or in separate areas. **3-501.14 (A) Cooling Cooked Foods** - Cooling cooked TCS foods shall be done within 2 hours from 135ºF to 70ºF and then within 4 hours from 70ºF to 41ºF.	**Kitchen** - Raw chicken stored above RTE foods. This chicken was wrapped in a chef's coat. Removed. Specific discussion w/ PIC on storage segregating product so it is more functional for him. **Kitchen –** Large bulk pans cooked rice cooling improperly Rice was 129°F, 110°F.
Spiga	1/19/2019	**3-501.16 (A)(2) (B) Proper Cold Holding Temps.** - All cold TCS foods shall be held at 41ºF or below. Eggs that have not been treated to destroy all viable Salmonellae shall be stored in refrigerated equipment that maintains an ambient air temperature of 45ºF or less.	- **Kitchen** - Bechamel 54 °F; Fresh fish filets 41 °F; Porcini mushrooms mix 52 °F; Suggest pre-chilling pans in freezer to help in keeping food 41 F or below. Provide a lid or cover for this unit, and the other refrigerator roll top (without the top) in the far corner -COS. Several coddled raw whole shell eggs were observed in a small pan insert in warm water. (This was used for making Carbonara sauce.) The inside is not fully cooked and in the danger zone. Suggest using pasteurized shell eggs.
Masala Art Restaurant	1/19/2019	**3-304.11 Food Contact with Soiled Items 3-302.11 (A)(3) Using clean and sanitized equipment** - Food shall only contact surfaces of: equipment and utensils that are cleaned and sanitized; single-service and single-use articles; or linens, such as cloth napkins that are used to line a container for the service of foods AND are replaced each time the container is refilled for a new consumer.	**Kitchen** -Utensils stored improperly after cleaning and sanitizing above 3-Comp sink.
Tomorrow's Lunch @ WCVB	1/29/2019	**3-501.16 (A)(2) (B) Proper Cold Holding Temps.** - All cold TCS foods shall be held at 41ºF or below. Eggs that have not been treated to destroy all viable Salmonellae shall be stored in refrigerated equipment that maintains an ambient air temperature of 45ºF or less. **3-501.16 (A)(2) (B) Proper Cold Holding Temps.** - All cold TCS foods shall be held at 41ºF or below. Eggs that have not been treated to destroy all viable Salmonellae shall be stored in refrigerated equipment that maintains an ambient air temperature of 45ºF or less.	**Cafeteria** - Fridge is at 46°F. Service is to be done today. Forward receipt of service to Health Div. ASAP. End of service. **Kitchen** - Chickpeas and tuna temps were high. PIC voluntarily discarded.
The James	2/9/2019	**3-301.11 (B) Preventing Contamination from Hands** - Except when washing fruits and vegetables, food employees may not contact exposed, ready-to-eat food with their bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves or dispensing equipment.	**Kitchen –** Bare hand contact w/ ready to eat food. Product discarded. Train and review with staff.
Otrada Adult Day Care	2/16/2019	**3-801.11 (C) Special Requirements (Raw/Partially Cooked RTE)** - - The following foods may not be served or offered for sale in a RTE form: raw animal foods such as raw fish, raw-marinated fish, raw molluscan shellfish, and steak tartare, a partially	**Kitchen** - Cook stated that they provide omelet, sunny side undercooked eggs to adult day care participants. Cease and desist this practice, unless pasteurized shell eggs or pasteurized liquid eggs are used.

		cooked animal food such as lightly cooked fish, rare meat, soft-cooked eggs that are made from raw eggs, and meringue; and raw seed sprouts. **7-204.11 Sanitizers** - Chemical sanitizers, including chemical sanitizing solutions generated onsite, and other chemical antimicrobials applied to food-contact surfaces shall meet the requirements specified in 40 CFR 180.940. Chemical sanitizers shall not exceed manufacture's label instructions.	**Kitchen** - Kitchen chlorine sanitizer in 3 comp sink was in excess of 200 ppm. Discussed w/ chef DeMaris and PIC.
Farmhouse Restaurant	2/16/2019	**3-304.11 Food Contact with Soiled Items** - Food shall only contact surfaces of: equipment and utensils that are cleaned and sanitized; single-service and single-use articles; or linens, such as cloth napkins that are used to line a container for the service of foods AND are replaced each time the container is refilled for a new consumer. **3-501.14 (A) Cooling Cooked Foods** - Cooling cooked TCS foods shall be done within 2 hours from 135ºF to 70ºF and then within 4 hours from 70ºF to 41ºF.	**Kitchen** - Micro greens, towel and other products covered w/ paper towels direct food contact. Discussion with Juan PIC **Kitchen** - Bolognese Sauce 176°F **i**n walk in cooler. COS. Discussion w/ PIC on alternative methods to cool rapidly sautéed mushrooms on service line- cool quickly, keep below rim of food to assist in keeping well chilled.
7-Eleven 36044A (Chestnut Street)	2/21/2019	**3-701.11 Discarding or Reconditioning Unsafe, Adulterated, or Contaminated Food** - A food that is unsafe, adulterated, or not honestly presented as specified shall be discarded or reconditioned. Food that is not from an approved source shall be discarded. RTE food that may have been contaminated by an employee who has been restricted or excluded shall be discarded. Food that is contaminated by food employees, consumers, or other persons through contact with their hands, bodily discharges, such as nasal or oral discharges, or other means shall be discarded.	**Store** - Box of Cinnamon Toast Crunch was ripped into. Discarded by PIC.
Volante Farms	2/22/2019	**3-501.16 (A)(2) (B) Proper Cold Holding Temps.** - All cold TCS foods shall be held at 41ºF or below. Eggs that have not been treated to destroy all viable Salmonellae shall be stored in refrigerated equipment that maintains an ambient air temperature of 45ºF or less. **3-501.15 (A) Cooling Methods** - - Cooling shall be accomplished in accordance with the time and temperature criteria specified under 3-501-14 by using one or more of the following: placing food in shallow pans; separating the food into smaller or thinner portions; using rapid cooling equipment; stirring the food in a container placed in an ice water bath; using containers that facilitate heat transfer; adding ice or other effective methods.	**Store** - "From Our Kitchen" reach-in unit was observed at 46° F. May be on defrost. **Basement** - Employees were not able to report definite time when soups were added into fridge. In ice bath but still above 41°F. Recommend cooling and keeping a log.
New Garden	3/2/2019	**3-304.11 Food Contact with Soiled Items** - Food shall only contact surfaces of: equipment and utensils that are cleaned and sanitized; single-service and single-use articles; or linens, such as cloth napkins that are used to line a container for the service of foods AND are replaced each time the container is refilled for a	**Kitchen** - Raw TCS foods fish stored layered with paper towel. Paper towel is not food grade. Use approved food grade **s**torage only.

		new consumer. **3-302.11 (A)(2) Raw Animal Foods Separated from each other -** Except when combined as ingredients, separating types of raw animal foods from each other such as beef, fish, lamb, pork and poultry during storage, preparation, holding, and display by: (a) Using separate equipment for each type, or (b) Arranging each type of food in equipment so that cross contamination of one type with another is prevented and (c) preparing each type of food at different times or in separate areas.	**Kitchen -** TCS foods stored improperly in walk in Cooler. Raw chicken stored above raw pork and large buckets of cabbage/ vegetables were on lower shelf. Smaller prepared TCS animal foods were all stored on the same shelf in the walk-in without segregation. Store all TCS foods separated and segregated to prevent cross contamination-Provide proper and organized food storage plan within 3 days or less.
Sudbury Farms	3/15/2019	**3-202.11 (A)(C)(D) Temperature -** TCS food shall be at a temperature of 41°F or below when received. Raw eggs shall be received in refrigerated equipment that maintains an ambient air temperature of 45°F or less. TCS food that is cooked to a proper temperature and received hot shall be at a temperature of 135°F or above. **4-703.11 Methods-Hot Water and Chemical-** After being cleaned, equipment food-contact surfaces and utensils shall be sanitized in: hot water manual operations for at least 30 seconds; hot water mechanical achieving surface temperature of 160°F as measured by an irreversible registering temperature indicator; or chemical (manual or mechanical) for times specified the EPA-registered label use instructions.	**Kitchen -** Two lobster tails on table at room temp 60F. Product discarded **Kitchen -** The 3 comp sinks in the meat room and prep area in the basement were not set up properly. The middle rinse sink was used as a wash/ soap sink without a clear clean water rinse prior to sanitizing. Sinks were not labeled properly - Wash/ rinse/ sanitize. Provide additional training and proper signage.
Acapulcos	3/23/2019	**3-501.14 (A) Cooling Cooked Foods -** Cooling cooked TCS foods shall be done within 2 hours from 135ºF to 70ºF and then within 4 hours from 70ºF to 41ºF.	**Kitchen -**Bulk Sauces cooling improperly on counter. Cool properly. Enchilada sauce was 185F+ PIC stated they were made 1.5 hours ago.
Cookies by Design	3/27/2019	**3-301.11 (B) Preventing Contamination from Hands -** Except when washing fruits and vegetables, food employees may not contact exposed, ready-to-eat food with their bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves or dispensing equipment.	**Kitchen -**No gloves on site. Employees observed working with cookies without any gloves. Hand washing was noted.

Needham Public Health Division

March FY 2019 Monthly Report

Maryanne Dinell- Traveling Meals Program Coordinator

Monthly

Description	*Reason*	*Notes/Follow-Up (ongoing, completed, etc.)*
Residents needing the Traveling Meals March, 2109	Unable to shop or prepare their own meal.	40 clients on the Traveling Meals Program 30 Springwell Elder Services, Waltham clients 10 private pay clients - Needham residents
649 2- meal packages were delivered within the 19 weekdays in February	26 Clients receive meals 5 times a week 13 Clients receive meals 3 days a week 1 Client receives meals for 7 days	649 meals $3647.38 501 meals delivered to Springwell Clients 148 meals delivered to private pay residents
2 Clients no longer need Program	Both Springwell	1 Client passed away 1 Client on their
5 new clients On Program	5- 1st time on Program	4 Springwell Consumers 1 Private Pay

Category		*Jul*	*Aug*	*Sept*	*Oct*	*Nov*	*Dec*	*Jan*	*Feb*	*Mar*	*Apr*	*May*	*Jun*	*FY '18 Total*	*FY '19 Total*	
Meal Delivery		560	660	540	644	536	501	535	541	649				7759	4625	
General Telephone Calls-received		29	62	22	38	65	77	26	32	41				547	392	
Assistance Calls-to Springwell		4	2	2	2	3	3	6	4	6				51	29	
Not at home at delivery		4	3	6	5	4	2	4	2	3				38	33	
911		1	0	0	0	0	0	0	0					0	1	

Meetings, Events, and Trainings

BI	*Type*	*Description/Highlights/Votes/Etc.*	*Attendance*
Board of Health Meeting		Monthly Board meeting held at Rosemary Complex	Staff and Board Members

Donations, Grants, and Other Funding [List any donations received, grants funded, etc. over the past month.]

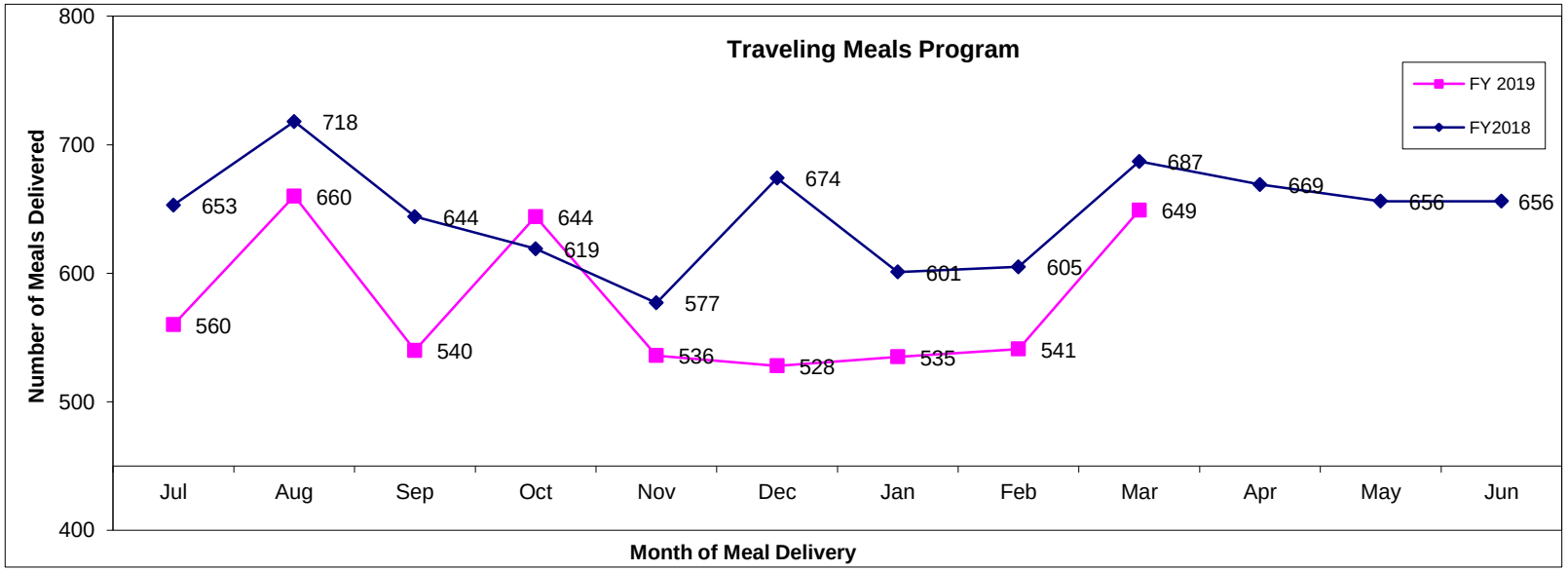
Description	*Type (D,G,O)*	*Amount Given*	*Source*	*Notes*

Traveling Meals Program

March, 2019

Month	# Meals FY2018	# Meals FY2019	FY19 Cost	% Change # Meals
Jul	653	560	$3,147.20	-14%
Aug	718	660	$3,709.20	-8%
Sep	644	540	$3,034.80	-16%
Oct	619	644	$3,683.68	4%
Nov	577	536	$3,012.32	-7%
Dec	674	528	$2,967.36	-22%
Jan	601	535	$3,006.70	-11%
Feb	605	541	$3,040.42	-11%
Mar	687	649	$3,647.38	-6%
Apr	669			
May	656			
Jun	656			
Totals:	7,759	5,193	29,249.06	

Projected-12 Mo.	
$	38,676.45
#	6,924.00



Needham Public Health Division

Unit: Substance Use Prevention

Date: March 2019

Staff: Catherine Delano, Karen Shannon, Karen Mullen, and Monica DeWinter

Summary: Prevention team continued work with action teams and the Steering Committee. Additionally they are planning for the upcoming vaping event. Applied for $50,000 STOP Act Grant.

Activities and Accomplishments

Activity	Notes
Prevention Team Meeting	SPAN vaping event planning
SPAN Steering Committee Meetings	Action Team updates, Vaping Event planning
SPAN Needham Parents Care Meeting	Discussed key initiatives for 2019 and next steps
Action Team Meetings	Program planning for vaping/Hips event; discussion of Family Dinner Project event (Fall 2019); Distracted Driving initiative, issues/opportunities for student support at NHS/Pollard; membership capacity building; mission development
SALSA Vaping Awareness Initiative	Students identified vaping issues at NHS & Pollard, developed prevention plan that educate students, planned awareness campaign to support students who are addicted to nicotine, planned presentation/materials for meeting with NHS Administration.
HIPS Volunteer training	Trained more volunteers to assist with the Hidden in Plain Sight display
Tool Kit binders	Finished and ready to distribute
MDPH summer intern	Accepted to internship program; will have a summer intern to do data analysis on MWAHS 2018
Applied for STOP grant	Submitted application
SAAP and other students	Continued with ongoing SAAP students and weekly clients
MWHF Grant | Mental Health First Aid	Submitted final reports to MWHF

Carol Read, M.Ed., CAGS, CPS **March 2019**

Substance Use Prevention and Education ~ Initiative Highlights

Needham NPHD, Needham SPAN and Substance Abuse Prevention Collaborative (SAPC) grant* collaboration with the towns of Dedham, Needham, Norwood and Westwood**.**

SAPC grant
Town coalition meetings:
Dedham coalition: March 4th *Vacation*
Impact Norwood coalition: March 14th 3:00pm-5:00pm PS capacity training, Police Department
Westwood Cares coalition: March 21st *Conflict SAMHSA grant meeting*
Needham SPAN coalition: *No meeting scheduled*

SAPC program, capacity building and strategy implementation preparation:
(1) Planning, scheduling and logistics: TIPs alcohol licensee trainings, Monday, June 3rd Section 12 and Section 15 licensees (9:30am-2:30pm | 3:00pm-8:00pm) American Legion, Dedham and (2) TIPs *Train the Trainer* SAPC stakeholder training, June 17th and18th Norwood Police Department (3) Alcohol Policy tool kit- peer presentation planning SAPC Program Managers- MassTAPP TA team (4) *Frameworks Institute* training, prevention and public health messaging initiative-content review. Tuesday, April 30th Braintree Town Hall.

SAPC Leadership Team: March 12th (1) CBD food product sales: Candy, dried fruit products for sale. Brookline Public Health – Needham Public Health advisory letters, North Reading Police Department Parent Alert- Template (2) SAMHSA NC- 8 Region Local Public Health grant: Needham Public Health Division commitment to write, prepare and submit SAMHSA FOA no. SP- 19-004 Strategic Prevention Framework- Partnerships for Success (SPF-PFS) Canton, Dedham, Milton, Needham, Norwood, Walpole, Wellesley and Westwood. 2 main goals: Prevent underage alcohol use with discretion to add 2 additional substances |Build prevention infrastructure in communities (3) *AlcoholEdu for High School students* curriculum, updates on student engagement participation by school (4) TIPs Trainings: Monday, June 3rd 2 training sessions 9:30am-2:30pm and 3:00pm-8:00pm Section 15 & Section 12 combined 5 hours (5) TIPs *Train the Trainer:* 2 day program, $499.00 per person, Individual town participation numbers (6) SAPC Regional Compliance Check (CC) update: Sales to minors by town data available.

MA Legislature FY 2020 Budget hearing: March 11th Rep. Denise Garlick, Vice Chair House Ways and Means Committee. Needham Town Hall pubic hearing, presentation Marylou Sudders, Secretary, Executive Office of Health and Human Services FY20 budget.

Dedham Public Health Department: March 12th Jessica Tracy, Kristina King. Review SAMHSA programmatic reporting requirements, DF- Me portal. Youth survey data compliance, core measure data input 30 day use rates, perception of risk, perception of peer disapproval and perception of parental disapproval. Next step options for youth core measure data collection.

New England PTTC- HHS Region 1: March 14th Conference call. Prevention Technology Transfer Center, New England Region- AdCare Educational Institute of Maine. Erin Dunne, Training and Outreach Coordinator, Scott Gagne, Director. Needham NC-8 Region SPF – PFS grant technical assistance scope and capacity identification. *HHS- SAMHSA, 10 regional PTTC programs, training and technical assistance programs.*

Prevention Partners: March 18th Conference call. Steph Patton, MPH, Jessica Kuhn, M.Ed. Stoughton SAPC, Amanda Decker, Avon Coalition, and Lyn Frano, Town of Braintree. Collaborative planning and resource sharing. (1) Review MAPA collaboration, JFK Library Dr. Nora Volkow, NIDA and Alex Berenson, *Tell Your Children: The Truth About Marijuana, Mental Illness.* Wednesday June 5th lunch forum (2) Regional update CBD food product actions, access strategies Law enforcement and public health (3) *Frameworks Institute* training, April 30th, Braintree Public Library, $30.00 per person: Targeting effective public health and prevention messaging, identifying best-practice public health and prevention messaging for community level prevention, targeting underage alcohol, e-cigarette/tobacco and marijuana access.

Prevention capacity: March 22nd and 27th Conference calls. Community assessments of barriers related to coalition operational processes and strategy implementation. Options to engage diverse stakeholders, strategic planning to share data and best practice policy and practices to prevent underage access to marijuana (Middleboro coalition, Amanda Decker) and alcohol (SAPC Hudson, Colin Gallant)

SAPC Manager–MassTAPP Alcohol Policy: March 22nd D.J. Wilson, J.D, MMA, Tracy Desovich, MassTAPP Technical Assistance. Liz Parson, Melrose SAPC, Colin Gallant, Hudson SAPC, Heather Warner, SAPC Northampton. Planning: Content and structure for Alcohol Policy tool kit presentation, SAPC Program Managers, May 29th. Community readiness, related access data, planning stakeholder meetings, strategies to impact access including alcohol regulations, compliance checks, TIPS training zoning to include sensitive use area and density.

Norfolk County Prevention: March 27th District Attorney Michael Morrissey- Jennifer Rowe, Assistant DA. Needham SAPC PhotoVoice Gallery display, youth representation Dedham-Needham- Norwood and Westwood- presentation of regional project- processes with BUSPH Youth Engagement Project Coordinator. Activity update: (1) Safe Prescribing and Dispensing Conference: How to Prevent Overdose Among Pediatric Patients, Tuesday, April 23rd registration /outreach by town. (2) *Prevention Solutions* training options, consensus decision on Youth Engagement in Prevention training, Wednesday, May 22nd 8:30am- 12:00pm. Stoughton Library.

Needham Public Health Division:
NPHD – SPAN initiatives:

NPHD programs meeting preparation outreach for research and resource gathering:
(1) NPHD February monthly report (2) SAMHSA Sober Truth on Prevention Underage Drinking (STOP) grant: Review 2019 application, outline SPAN and SAPC Region alcohol access strategies to align with two primary grant goals and four peripheral outcomes, ages 12-20 years, provide strategy resources for action plan (3) SAMHSA Strategic Prevention Framework- Partnership for Success (SPF- PFS) grant: Review 2019 application (4) Communication with request for technical assistance to New England PTTTS and SSRE, Scott Formica. (5) Outreach requests to NC- 8 Region Police Chiefs for data related to: alcohol access, compliance checks, alcohol related car crash, town alcohol regulations and CCIT program structures. (6) Outreach request to Norfolk District Attorney Morrissey, SPF- PFS letter of commitment. Outreach and communication New England PTTTS and SSRE, Scott Formica.

SAMHSA STOP Act grant: March 10th Conference call, Catherine Delano. Review of STOP Sober Truth of Prevention Act application goals and structure. Application of Needham coalition and SAPC region collaborative work to STOP goals, strategy outline for action plan ages Resources and data. prevent and reduce alcohol use among youth and young adults ages 12-20.

Prevention Solutions: March 12th Conference Call. Jessica Goldberg SAMHSA grant project review. Social Science Research and Evaluation SSRE: March 14th Conference Call. Scott Formica, SAMHSA SPF- PFS grant project review and technical assistance identification.

Needham Public Health Division staff meeting: March 12th Director and staff work activity updates. Review and discussion of Board of Health priorities for NPHD budget and BOH structure, April election for 2 additional seats. Review Staff engagement in town Solution Teams Senior Work project volunteer project options NPHD.

Community Crisis Intervention Team (CCIT): March 13th Core Team: Lt. Chris Baker, Sgt. John McGrath and Katie McCullough, Needham Police Department, Tiffany Zike, RN, MPH, Donald Anastasi, Deputy Fire Chief, Ed Sullivan, EMS Supervisor, Jessica Moss, LICSW, Kristen Lindley, LICSW and Kerrie Cusack, LICSW Senior Services, Sara Shine, Director, Needham Youth & Family Services, Catherine Delano, MPH, NPHD and Chris Louzon, Director, Riverside Emergency Services.

SAMHSA SPF- PFS grant: March 14th, 21st 27th Tim McDonald and Jessica Goldberg. Strategic planning for 2019 grant application: RFA review, narrative content, data targets, evaluation and NC-8 Region stakeholder components. Timeline and task review for on-line submission March 29th.

Town of Needham- Human Resources: March 15th Training *DOT compliance: Reasonable Suspicion, Recognizing Signs and Symptoms of Substance Abuse in the Workplace*. Objectives: (1)recognize the signs of substance use as job performance problems (2) identify employee appearance and behaviors that trigger "reasonable suspicion" drug and alcohol tests, (3) conduct a Reasonable Suspicion interview (4) implement substance abuse policies and (4) review post accident drug and alcohol testing. George Sawin, LICSW, SAP.

Town Accountant: March 20th Conference call. SAPC grant expense reimbursement February 2019. Michelle Vaillancourt, Town Accountant, Dawn Stiller, NPHD Office Manager. Virtual Gateway EIM system.

SAMHSA grant coordination: March 22nd. Sober Truth on Preventing Underage Drinking (STOP Act) grant application, 12- 20 years. Narrative review and edit, on-line submission support ERA Commons portal. Tim McDonald and Kerry Dunnell.

SAMHSA SPF- PFS grant: March 23rd March 28th Jessica Goldberg, consultant. Data review (quantitative, qualitative), narrative framing and strategic panning for on0line submission March 29th.

Resident Support: Respond to calls and/or meeting requests related to mental health conditions and/or substance use disorder. Referral to Riverside Emergency Services 24/7 support and counseling, assessment, treatment and recovery resources.

Vacation: (5) days ~ March 4th- 8th
Respectfully submitted by Carol Read April 8, 2019

*SAPC technical assistance calls, coordinator meetings, and compliance related to the SAPC grant program are extensively documented in the BSAS-SAPC online quarterly reports.

Public Health Nurse Report - April FY2019
Donna Carmichael and Tiffany Zike

COMMUNICABLE DISEASES:	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	Apr	MAY	JUN	T19	T18	T17
BABESIOSIS		3											3	4	2
Borrelia Miyamota													0	0	0
CAMPYLOBACTER				2	1	1	1		1				6	14	7
CRYPTOSPORIDIUM													0	1	0
Cyclosporiasis													0	1	0
Dengue													0	0	1
E-Coli													0	0	0
EHRLICHIOSIS/ HGA	1	1											2	2	2
Enterovirus													0	1	1
GIARDIASIS									1				1	1	2
Haemophilus Influenza													0	1	1
HEPATITIS B		1		1		2	2	1					7	8	8
HEPATITIS C	1		3	2		3							9	14	21
Influenza						9	19	30	20				78	211	108
Legionellosis													0	2	0
Listeriosis													0	0	0
LYME	13	7	2	4	4	2	1	2					35	53	44
MEASLES													0	0	0
MENINGITIS													0	0	0
Meningitis(Aseptic)													0	1	2
Mumps													0	0	0
Noro Virus							1	1	3				5	3	2
PERTUSSIS	3												3	1	4
RMSF(Rocky Mt Spotted Fever)						1									
SALMONELLA			1										1	3	2
SHIGA TOXIN									1				1	0	1
SHIGELLOSIS		1		1									2	0	0
STREP Group B													0	1	0
STREP (GAS)													0	5	0
STREP PNEUMONIAE				1			1						2	3	0
TUBERCULOSIS													0	0	0
TULAREMIA													0	0	1
Latent TB	1												1	0	1
Varicella	2	1	1		1				1				6	12	10
Vibrio			1										1	0	1
West Nile virus													0	0	0
Zika													0	1	1
TOTAL DISEASES	21	14	8	11	6	18	25	34	27	0	0	0	163	343	221
Revoked/Suspect Diseases Investigated			1	3			1						5	6	13
Contact Investigation	4						1						5	5	1

Public Health Nurse Report - April FY2019
Donna Carmichael and Tiffany Zike

ANIMAL TO HUMAN BITES	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	Apr	MAY	JUN	T19	T18	T17
DOG	6	3	4	0	2	1	2		2				20	42	15
CAT													0	0	0
BAT													0	8	5
SKUNK													0	0	0
RACOON													0	0	0
other													0	1	1
TOTAL BITES	6	3	4	0	2	1	2	0	2	0	0	0	20	51	22

IMMUNIZATIONS	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	FY19	FY18	FY17
B12	2	2	2	2	2	2	2	2	2				18	24	22
Flu (Seasonal)			284	408	20	0	0	0	0				712	522	674
Hep B						2	0	0	0				2		
Polio		4		0	0	0	0	0	0				4		
TDap		3		1	0	2	0	0	0				6	0	1
Varicella				0	0	0	0	0	0				0	2	0
Consult	49	50	90	72	32	98	34	25	71				521	319	592
Fire/Police	20	7	15	15	16	20	6	5	22				126	59	80
Schools	2	8	30	40	4	35	10	8	14				151	42	106
Town Agencies	25	20	20	15	10	35	15	10	30				180	185	246
Community Agencies	2	15	25	2	2	8	3	2	5				64	32	160

ASSISTANCE PROGRAMS	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	FY19	FY18	FY17
Food Pantry		1	2	0	3	0	1	1	1				9	13	20
Food Stamps			0	0	0	0	1	0	0				1	0	4
Friends			0	0	0	0	0	0	0				0	0	0
Gift of Warmth	1		2	2	1	1	4	1	2				14 ($4336)	20($7250)	11
Good Neighbor			0	0	0	0	0	2	0				2	5 $425/fam	8
Park & Rec			0	0	0	0	0	0	1				1	1	2
Salvation Army			0	0	1	0	0	0	0				1	0	0
Self Help	2	2	1	3	0	2	1	3	4				18	34	46

Gift of Sight collaboration with the schools

Gift Cards Distributed - 3

Public Health Nurse Report - April FY2019
Donna Carmichael and Tiffany Zike

WELLNESS PROGRAMS	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	FY19	FY18	FY17
Office Visits	56	49	34	26	11	18	20	27	29				270	467	481
Safte Visits	0	3	2	1	2	0	0	1	2				11	10	7
Clinics	0	0	0	0	4	2	7	7	11				31	0	0
Housing Visit	1	1	0	0	2	0	0	1	0				5	15	6
Housing Call	0	3	3	4	7	4	13	5	4				43	110	37
Camps-summer	6	7	0	0	0	0	0	8	1				22	60	50
Tanning Insp	0	0	0	0	0	0	0	0	0				0	0	0
Articles	1	0	1	0	0	0	1	0	1				4	3	3
Presentations	1	1	6	2	5	2	2	1	1				21	16	0
Cable	0	1	1	1	0	0	1	0	0				4	2	5

EMPLOYEE WELLNESS	July	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	FY19	FY18	*FY17*
BP/WELLNESS - DPW/RTS	0	0	10	13	11	11	13	12	12				82	148	169
CPR/AED INSTRUCTION	0	0	0	0	11	7	0	0	0				18	0	31
Police Weights	0	0	0	0	13	0	0	0	0				13		
First Aide	10	8	5	6	3	2	0	3	6				43		
Total People	10	8	15	19	38	20	13	15	18	0	0	0	156		
Community Education Hours															
HEALTH ED Tick Borne	50	20	15	5	3	0	0	0	0				93	132	90
HEALTH ED Mosquito Borne	50	20	15	5	0	0	0	0	0				90	135	80
HEALTH ED FLU	0	0	15	15	10	20	2	2	1				65	289	160
GENERAL HEALTH EDUCATION	20	10	10	10	15	20	5	12	8				110	186	258
Total Hours	120	50	55	35	28	40	7	14	9	0	0	0	358	1077	954

Public Health Nurse Report - April FY2019
Donna Carmichael and Tiffany Zike

MEETINGS, EVENTS, TRAININGS

Title	*Description/Highlights/Votes/Etc.*
Emergency Planning	NC7 - Monthly Meeting
	Region 4AB - PHEP Monthly Meeting
	LEPC - Monthly Meeting - Organizing and Preparing for meeting, meeting minutes, follow up and distribution of information
	Planning x6 - Functional Exercise
Emergency Preparedness	Grant writing - EMPG, MVP,and HMEP Grants
DVAC	Monthly Meeting - Organizing and Preparing for meeting, meeting minutes, follow up and distribution of information
	Cable series coordination
Concussions	Working towards Roll-out
	Working on Paperwork
Healthy Aging	Home visit x 2
	Meetings x1
Trainings	Effective Management
	Reasonable Suspician
	Web EOC Mema
	Leadership Training
	NACCHO Conference - The Emerging Threat - Prep Summit - St Louis
	Voices of Experience - Emerging Infectious Diseases - Norwood Ma
Summer Camps	Managing Packet information
Water Shut Off Prevention	Meeting with Social workers for planning
Grants	MVP(Municiple Vulverability Preparedness Grant)
	MAPC Grant for Climate Change With Rachel
	Emergency Preparedness
Managing	Managing BC Student, DVAC Intern as well as EP Program Coordinator
Lunch and Learn	Diabetes - Center at the Heights with BC Nursing Student
Interviews	Interviews with Tara and Diana for environmental summer Intern

Needham Public Health Division

Accreditation Update
March 2019

April 8, 2019
Lynn Schoeff

Activity	Notes
Policies and procedures	Continuing work: - Transportation policy (Aging Services) - Lyft Ridesharing Program (Aging Services) - Volunteer Management (Aging Services)
Accreditation	The orientation packet for new Board of Health members was near completion by the end of March (it will be ready for the April BOH meeting). An orientation packet for new Public Health Division employees was also built in March,

Other work:

- Lynn Schoeff attended a full-day workshop on health equity (March 14) sponsored by the MetroWest Health Foundation.
- Lynn also assisted in the writing and editing of two grant proposals.
- Lynn is developing a grant-writing workshop for Health and Human Services staff members.

Needham Public Health Division

Date: March 2019

Staff: Rachael Cain (Greenberg)

Activities and Accomplishments

Safety at Home Program

Activity	Notes
Presentations and Promotion	• Flyers mailed with all Needham water bills (ongoing for three months to reach entire town) • Met with VNA Cares to promote program and cross-referrals
Program roll-out	• Full program roll-out continued • **Five pilot and 15 full program visits completed to date** o **Ten referrals received due to flyers with water bills** • Data from visits is being collected and recorded
Quality Improvement	• Continued improvement on program protocol and forms based on feedback from Safety at Home team members
Evaluation	• Continued development of an evaluation plan
Team Meetings	• Regular team meetings continued
Sustainability	• Developing plan to offer Matter of Balance sessions year-round to program participants (and Needham residents overall), in collaboration with Aging Services o Public Health Nurse is attending Matter of Balance Master training in April • Working with local physical therapists to offer fall screenings at CATH regularly

Housing Authority Assessment

Activity	Notes
Survey Dissemination	• **Total of 119 surveys completed** (38% response rate), which is sufficient for analysis • Surveys sent to consultant for analysis – expected in coming weeks • Quantitative and qualitative analyses to occur in coming months, culminating in final report

Accreditation Support

Activity	Notes
Community Health Assessment	• Facilitated focus group for organizations that work with older adults, for inclusion in the community health assessment • Helped plan and host community forum, alongside Beth Israel Deaconess-Needham o 25 community members attended

Climate Change Project

Awarded $26,089 grant from the Metropolitan Area Planning Council to implement a one-year climate resiliency project for older adults. Activities will include creating and holding three workshops for older adults about extreme weather and how to prepare for it, as well as a related communications campaign.

Activity	Notes
Start-Up Activities	• Reached out to program partners • Met with internal team and MAPC to plan next steps • Began brochure development • Completing the hiring process to bring on a Project Coordinator to assist with this project

NACCHO Million Hearts project

- Awarded $9,912 grant from the National Association of County and City Health Officials to implement a five month Million Hearts project focused on tobacco cessation. Activities will include a communications campaign and tobacco cessation course.

Activity	Notes
Start-Up Activities	• Conducted outreach to program partners • Developed a work plan, which was submitted to NACCHO • Participated in a kick-off call with NACCHO and CDC • Began development of an infographic • Identified cessation program facilitator and worked on program logistics

Other Public Health Division activities this month:

- Attended day-long "Achieving Health Equity in MetroWest" training, hosted by the MetroWest Health Foundation
- Assisted with substance use prevention grant

Board of Health

Kathleen Ward Brown, ScD
Member

Edward Cosgrove, PhD
Vice Chair

Stephen Epstein, MD, MPP
Chair

PERMIT & LICENSE FEE SCHEDULE

Permit/License	Current Fee	Proposed Fee
Animal Permit	100.00	100.00
• Additional per species for laboratory animals	20.00	20.00
Beaver Removal Permit	N/A	75.00
Biotechnology Initial Registration	750.00	750.00
• Renewal/change in use	500.00	500.00
Body Art Establishment	700.00	700.00
Body Art Practitioner Permit	575.00	575.00
Bodyworks Establishment Plan Review	200.00	200.00
Bodyworks Establishment Permit	100.00	100.00
Bodyworks Practitioner Permit	50.00	50.00
Breast Milk Registration *(not subject to Late Renewal Surcharges)*	25.00	25.00
Camp License	175.00	175.00
Demolition Permit *(not subject to Late Renewal Surcharges)*	60.00	60.00
Food: • Bottling Permit	500.00	500.00
• Farmers Market Seasonal Permit	50.00	NOTE
• Food Service – less than 50 seats	265.00	265.00
• Food Service – 50 to 149 seats	460.00	460.00
• Food Service – 150 to 250 seats	525.00	525.00
• Food Service – more than 250 seats	625.00	625.00
• Mobile Food Service Vendors	165.00	NOTE
• Plan Reviews for All Food Service or Retail Establishments	225.00	225.00
• Retail Food Establishment – Prepackaged foods, no coffee, no refrigeration	75.00	75.00
• Retail Food Establishment – Prepackaged foods, Refrigeration	125.00	125.00
• Retail Food Establishment less than 1,500 square feet	165.00	165.00
• Retail Food Establishment between 1,500 and 3,000 square feet	265.00	265.00
• Retail Food Establishment between 3,000 and 6,000 square feet	460.00	460.00
• Retail Food Establishment between 6,000 & 10,000 square feet	525.00	525.00
• Retail Food Establishment more than 10,000 square feet	700.00	700.00
• Temporary/One Day Event Permit	30.00	30.00
Hauler Company (Grease, Medical, Rubbish, Septic)	100.00	100.00
Hauler, Charge per Truck	30.00	30.00
Hotel/Motel	200.00	200.00

Proposed March 8, 2019; Effective TBD 2019.

Permit/License	Current Fee	Proposed Fee
Marijuana: • Plan Review (Dispensary Site or Cultivation/Processing Site)	1,000.00	1,000.00
• Plan Review (Storage/Disposal)	1,000.00	1,000.00
• Plan Review (Continuity of Business/Continuity of Operations)	NO FEE	NO FEE
• Plan Review (Security)	NO FEE	NO FEE
• Registered Marijuana Dispensary (RMD) Permit	2,500.00	2,500.00
• Marijuana Home Cultivation Permit (Home Permit)	150.00[1]	150.00[2]
Pre-Residency Housing Inspection[3]	N/A	75.00
Sharps Permit	100.00	100.00
Swimming Pool: • Public/Semi-Public Pool – Permit (Annual)	250.00	250.00
• Public/Semi-Public Pool – Permit (Seasonal)	175.00	175.00
• Public/Semi-Public Pool – Plan Review (includes 2 free revisions)	250.00	250.00
• Public/Semi-Public Pool – Plan Revisions	50.00	50.00
• Public/Semi-Public Pool – Re-Inspection	125.00	125.00
• Public/Semi-Public Pool – Variance Initial Application	150.00	150.00
• Public/Semi-Public Pool – Variance Renewal	75.00	75.00
Tanning (Indoor Tanning): • New Establishment	500.00	500.00
• Each Booth	250.00	250.00
Title V/Septic: *(not subject to Late Renewal Surcharges)* • Installer's Annual Permit (new- including exam)	250.00	250.00
• Installer's Renewal (no exam)	125.00	125.00
• Installer's Recertification Test (biennial)	30.00	30.00
• Soil Application Inspection (less than 2 hours)	425.00	425.00
• Soil Application (each additional hour over 2 initial hours)	75.00	75.00
• Septic Construction Permit (Major)	350.00	350.00
• Septic Construction Permit (Minor)	125.00	125.00
• Septic Plan Review (includes one free revision)	275.00	275.00
○ Addition to home with Septic	75.00	75.00
○ Deed Restriction	125.00	125.00
○ Additional Plan Reviews for Septic Design	50.00	50.00
• Septic System Excavation & Trench Permit	50.00	50.00
• Septic System Variance Request	150.00	150.00
Tobacco Permit	700.00	700.00
Vaccine Administration fee: Clinics (per shot) *(not subject to Late Renewal)*	10.00	10.00
Well Application – Geothermal, Irrigation *(not subject to Late Renewal Surcharges)*	225.00	225.00
Well Application – Site Visit to well (per hour) *(not subject to Late Renewal)*	75.00	75.00
Wood-burning Boiler Permit Review *(not subject to Late Renewal Surcharges)*	100.00	100.00

[1] If this fee poses a verified financial hardship, Director of Public Health will substantially reduce or waive the fee.
[2] Ibid.
[3] Pre-Residency Housing Inspections as required by state and federal housing assistance programs only, unless specifically approved by the Director of Health & Human Services.

Notes

- In order for a permit or license renewal to be considered by the Needham Public Health Division, it must be:
    - submitted with all required documentation and attachments;
    - complete and accurate; and
    - inclusive of payment in full.
- Permit and license renewals (which are accurate and complete and which include payment) will be reviewed and approved promptly. The processing time for applications is at least 15 business days, but every effort will be made to review applications promptly and those which are complete and accurate and inclusive of full payment may be processed in less time (potentially substantially less time).
    - **Delayed License/Permit Renewals** are those submitted within 15 business days of permit/license expiration.
    - **Late License/Permit Renewals** are those submitted within 10 business days of permit/license expiration.
    - **Last-Minute License/Permit Renewals** are those submitted within 5 business days of permit/license expiration.
- Expedited reviews of permit and license renewals may be ordered at the applicant's discretion to avoid a possible gap in licensure, but that is not required.
- Non-profit organizations may, upon request and when approved by the Director of Health & Human Services, receive a discount of up to 50% on the applicable fees.
- Mobile Food Vendor permits and permits for the Farmers Market are the subjects of a pilot program with other Town Departments and community partners that includes a bundled or simplified fee, and thus the fees noted above may by waived if approved by the Director of Health & Human Services.

Surcharges	**New**
• Delayed License/Permit Renewal	$50.00
• Late License/Permit Renewal	$100.00
• Last-Minute License/Permit Renewal	DOUBLE FEE
• Noncompliance Re-inspection	$125.00
• Inspection following Noncompliance for Operating without a Permit	DOUBLE FEE

Summary of Changes In the FDA Food Code 2013

<< Food Code 2013 Main Page (/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm374275.htm)

Dowload Food Code 2013 (/downloads/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/UCM374510.pdf) (PDF: 6MB)

This Summary provides a synopsis of the textual changes from the 2009 FDA Food Code and the Supplement to the 2009 Food Code Chapters and Annexes to the 2013 edition. The primary intent of this record is to capture the nature of the changes rather than to identify every word or editing change. ***This record should not be relied upon as an absolute comparison that identifies each and every change*.**

General

- Numerous editing changes were made throughout the document for internal consistency, to correct some errors in the 2009 Code and for clarification.
- Section and paragraph numbers listed refer to the 2009 Code and its Supplement unless otherwise noted. The numbering system was removed from Chapter 1 definitions in the 2005 version of this Code. An explanation regarding the rationale can be found in Annex 3, 1-201.10(B).
- Updated the web links throughout the Code and Annexes.
- Converted several Tables, charts, and images throughout the Code to meet web accessibility requirements under Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d). Section 508 mandates that all federal agencies eliminate the barriers in accessing electronic and information technology.

Preface

Amended Preface sections 1, 3, 5, 6, and 8 to add updated information and revise dates to make current.

Chapter 1 Purpose and Definitions

Deleted **"Enterohemorrhagic *Escherichia coli*" *(EHEC)*** as use of EHEC terminology is outdated.

Amended "**Packaged**" in (1) to delete the term "securely" to avoid undue emphasis on nature of the package; Amended ***"Packaged"*** in (2) to remove the phrase "or other nondurable container" to clarify when foods packaged at retail need to be labeled so that it reads: ***"Packaged"*** *does not include wrapped or placed in a carry-out container to protect the food during service or delivery to the consumer, by a food employee, upon consumer request.*

Deleted the term **Potentially Hazardous Food (Time/Temperature Control for Safety Food)" (PHF/TCS)** and made a universal change throughout the Code to replace it with the term **"Time/Temperature Control for Safety Food" (TCS).** The definition remains the same.

Revised "**Reduced Oxygen Packaging**" subparagraph (2)(e), to delete the phrase "placed in a hermetically sealed, impermeable bag" and replace it with "vacuum packaged in an impermeable bag" so it clearly defines the sous vide process as outlined in Annex 6(2)(B)(4)(b). It now reads: "Sous vide packaging, in which raw or partially cooked food is vacuum packaged in an impermeable bag, cooked in the bag, rapidly chilled, and refrigerated at temperatures that inhibit the growth of psychrotrophic pathogens."

Revised **"Shiga toxin-producing *Escherichia coli*"** (STEC) to reflect current nomenclature.

back to top

Chapter 2 Management and Personnel

2-201.11, 2-201.12, 2-201.13

Amended to add nontyphoidal *Salmonella* (NTS) as one of the reportable illnesses for action by the Person in Charge; Added Code language to address employee health controls for the exclusion and restriction of nontyphoidal *Salmonella,* and removal of exclusion and restriction from NTS.

2-301.14(H)

Amended to clarify that the requirement to wash hands before donning gloves is specific to the beginning of a task involving working with food and not during the task.

2-301.16(A)(2)

Amended to remove (A)(2)(b)(i-ii) and add new subparagraphs (A)(2)(b-e) to clarify and align the codified text with applicable CFR's and the FD&C Act with regard to the use of hand antiseptics as a food additive.

Chapter 3 Food

3-201.16(A)

Amended to remove existing 2009 ¶(A) language in reserve; Added new ¶(A) to recognize a regulatory authority's ability to approve the sale of wild mushrooms within a food establishment and regulate wild mushrooms according to their LAW.

3-301.11(D)

Amended to revise subparagraph (D)(2) to clarify that Paragraph (B) does not apply where a ready-to-eat food is added as an ingredient to another food that does not contain a raw animal food and the combined product will be heated to at least 63°C (145°F).

3-302.11

Amended to remove subparagraph (A)(3) and renumbered the remaining paragraphs as (4) – (8).

3-304.11

Amended to add a new ¶(C) to clarify that food may contact surfaces of linens and napkins as specified in §3-304.13 and added term “Linens” to the tag line.

3-304.13

Amended to clarify that napkins in this section refers to cloth napkins and they are by definition considered linens.

3-304.17

Amended to relocate the requirement regarding the cleaning of returnables into this section from §4-603.17.

Amended ¶3-304.17(A) to clarify conditions under which the re-use of returnables are permitted.

Amended ¶3-304.17(B) to establish conditions under which refilling of returnable take-home containers is permitted.

Amended to relocate the exception for filling a food-specific container with a beverage from ¶4-603.17(B) to ¶3-304.17(C).

Amended to renumber ¶3-304.17(C) as a new ¶3-304.17(D).

Amended to relocate the exception for filling consumer-owned, personal take-out containers that are not food-specific from ¶4-603.17(C) to ¶3-304.17(E).

3-401.14

Amended to revise ¶(D) to clarify that prior to sale or service, raw animal foods cooked using a non-continuous cooking process shall be cooked to a temperature and for a time as specified under ¶¶3-401.11 (A)-(C).

3-402.11

Amended ¶3-402.11(B) to add a new ¶(2) to clarify that scallop products consisting solely of the shucked adductor muscle are excluded from the requirements for parasite destruction and re-designated existing ¶¶(2)-(4) to be new ¶¶ (3)-(5).

3-403.11

Amended ¶3-403.11(C) to clarify that this provision applies to all commercially processed TCS foods that are ready-to-eat. Previous text suggested that it applied only immediately upon removal of the food from a sealed container.

3-501.13

Amended to add new ¶(E) specifying frozen fish packaged using a ROP method be removed from the ROP environment either prior to initiating thawing procedures under refrigeration as specified in ¶ (A) or prior to, or immediately upon completion of, its thawing using procedures specified in ¶ (B) of this section.

3-501.17

Amended to add new ¶(F) that exempts raw, live in-shell molluscan shellfish from date marking and re-designated former ¶(F) as new ¶(G).

Amended existing subparagraph 3-501.17 (F)(6) to clarify that the exemption from date marking for shelf stable dry fermented sausages produced in USDA-regulated facilities is not dependent on the product retaining the original casing; Renumbered existing ¶(F)(6) as new ¶(G)(6) as a result of the addition of new ¶ (F).

3-502.11

Amended to revise ¶(D) to make clear that only TCS foods prepared under ROP methods that do not control for growth of and toxin formation by *Clostridium botulinum* and the growth of *Listeria monocytogenes* require a variance.

3-502.12

Amended ¶¶3-502.12(B), (D), and (E) lead-in paragraphs to reference new ¶ (F) of this section.

Amended ¶3-502.12(B) lead in paragraph and subparagraphs (B)(6)(c), (D)(1), and (E)(2) to reference ¶8-201.14(B) along with existing reference to ¶ (D).

Amended subparagraphs 3-502.12(B)(3)(b) and (B)(4) to delete 14 days and add 30 days.

Amended ¶ 3-502.12(B) to add new subparagraph 7 specifying that a HACCP plan be provided to the regulatory authority prior to implementation.

Amended ¶3-502.12(D) lead in paragraph to delete the word “FOOD” and replace it with the term “Time/Temperature control for safety food” to clarify that this section applies to TCS food.

Amended subparagraph 3-502.12(D)(2)(b) to specify only the cooking parameters in ¶¶ 3-401.11(A), (B) and (C) apply.

Amended subparagraph 3-502.12(D)(2)(e)(ii) to allow for cold holding at 41°F for 7 days after cooling to 41°F.

Amended to delete existing subparagraph 3-502.12(D)(2)(e)(iii) and amended subparagraph 3-502.12(D)(2)(e)(iv) to renumber it as the new subparagraph (D)(2)(e)(iii).

Amended to add new ¶(F) to identify the conditions under which a HACCP Plan is not required for ROP TCS foods.

3-602.11

Amended ¶3-602.11(B)(2),(3),(5), and (7) to clarify the information that a label should include.

Amended subparagraph 3-602.11(B)(2) to clarify what information must be included in the statement of ingredients. The term “sub ingredients” was added to this subparagraph to clarify that individual component ingredients of a main ingredient must be disclosed in the statement of ingredients. This clarification helps to make clear that all individual ingredients in a packaged food will be disclosed in the statement of ingredients.

Amended subparagraph 3-602.11(C)(2) to remove cross reference to subparagraph (B)(5) to correctly refer to what a labeling device such as a card, sign, or other method of notification needs to declare. This change corrects an inadvertent error that was created in the 2005 Food Code when a new subparagraph (B)(5) for food allergens was added and the subparagraph for nutritional labeling was renumbered to (B)(6), but the accompanying cross reference in (C)(2) was not changed to correctly cross reference (B)(1), (2), and (6), nutritional labeling.

back to top

Chapter 4 Equipment, Utensils, and Linens

4-302.13

Amended the tag line to add “mechanical warewashing”

Amended to redesignate the existing section into ¶(A) and new ¶(B) to require the availability of irreversible registering temperature indicators.

4-602.11

Amended ¶ 4-602.11(B) to change the cleaning and sanitizing frequency for food contact surfaces or utensils that are in contact with a raw animal food that is a major food allergen such as fish, followed by other types of raw animal foods. With this change, the exception to existing subparagraph (A)(1) found in ¶(B) now applies only to raw meat and poultry.

4-603.17

Amended to delete §4-603.17 and relocate its requirements into §3-304.17.

4-802.11

Amended ¶4-802.11(C) to clarify that napkins in this section refers to cloth napkins and they are by definition considered linens as mentioned in ¶3-304.11(C) and §3-304.13.

back to top

Chapter 5 Water, Plumbing, and Waste

No Changes.

Chapter 6 Physical Facilities

No Changes.

Chapter 7 Poisonous or Toxic Materials

7-204.12

Amended ¶7-204.12(A) to redesignate ¶(A) into a lead-in paragraph with four new subparagraphs: Added 21 CFR 173 Secondary Direct Food Additives Permitted in Food for Human Consumption as new subparagraph (A)(1); Added GRAS ingredients as new subparagraph (A)(2); Added effective food contact notifications as new subparagraph (A)(3); Added 40 CFR 156 Labeling Requirements for Pesticides and Devices as new subparagraph (A)(4) to allow the use of other antimicrobial agents allowed under the food contact notification program for washing fruits and vegetables as well as GRAS ingredients permitted as antimicrobials or for general food use.

back to top

Chapter 8 Compliance and Enforcement

8-201.13

Amended ¶8-201.13(B) to add new language to have the food establishment notify the Regulatory Authority through submission of a HACCP plan that they will be conducting ROP operations that conform with procedures in § 3-502.12.

8-304.11

Amended to add new ¶(K) to include a requirement for the permit holder to post a sign or placard notifying the public that inspectional information is available for review.

Annex 1 Compliance and Enforcement

No Changes.

Annex 2 References

Preface

Amended to redesignate numbers and alphabetize.

2-201.12 and 2-201.13

Amended to update three references and add twenty new references in support of including public health controls for the control of nontyphoidal *Salmonella* (NTS) in retail food establishments; references renumbered to keep alphabetical format.

3-401.11

Amended to redesignate numbers and alphabetize.

3-402.11

Amended to add one new reference (#6), the Fish and Fishery Products Hazards and Controls Guidance, 4th Edition, April 2011, and renumbered remaining references.

3-502.12

Amended to add two new references (#24, and #28) and renumbered the remaining references. The new references are regarding time to formation of *C. botulinum* toxin. These references provide support of the pH of 5 limit for the psychrotrophic strains of *C. botulinum* due to Code changes to allow a 7-day storage for ROP at 41°F and a 30-day hold for vacuum packaging and Cook-Chill/Sous Vide of foods with a pH of 5 or less.

4-603.17

Amended to move reference for deleted §4-603.17 to be under §3-304.17 since the two sections were merged into §3-304.17.

6-501.111

Amended to add new reference in support of this section on controlling pests.

7-204.12

Amended to add new reference to include 21 CFR 173.405, Secondary Direct Food Additives Permitted in Food for Human Consumption; Sodium Dodecylbenzenesulfonate.

3. Supporting Documents

Amended section **K. Guidance for Retail Facilities Regarding Beef Grinding Logs Tracking Supplier Information,** to update with current USDA/FSIS information and documents. The update includes deleting existing paragraphs 5 and 6 and adding new paragraphs 5 and 6; Updated other existing paragraphs with editorial changes.

Amended to add new section, **S. CIFOR The Council to Improve Foodborne Outbreak Response (CIFOR) – Guidelines for Foodborne Outbreak Response.**

Amended to add new section, **T. CIFOR Foodborne Illness Response Guidelines for Owners, Operators, and Managers of Food Establishments (CIFOR Industry Guidelines).**

back to top

Annex 3 Public Health Reasons/Administrative Guidelines

1-201.10

Packaged.

Amended to add a section on “Packaged” to clarify when foods packaged at retail need not be labeled and placed the text after the “Food Establishment and a food processing plant located within the same premises of a food establishment” section and before the “TCS” section.

2-2 Employee Health

Amended to add a description of nontyphoidal *Salmonella* between the descriptions of Norovirus and *Salmonella* Typhi.

Amended Part 2-2 and its related subparts and Tables/Decision Trees to be consistent with the changes in Chapter 2; Tables and Decision trees were revised to meet accessibility requirements for web posting.

Amended to update the list of *Pathogens Transmitted by Food Contaminated by Infected Persons Who Handle Food, and Modes of Transmission of Such Pathogens* from CDC, effective November 30, 2012.

Amended the pathogen descriptions in subpart 2-201.11 to be consistent with the Bad Bug Book, 2nd Edition, 2012.

2-301.14

Amended to clarify that subparagraph ¶2-301.14(H) requires handwashing immediately before, during, and immediately after, the activities listed.

2-301.16

Amended the “As a Food Additive” Section to add a new paragraph 4 to elaborate on the prior sanction requirements under the food additive provision in the Federal Food, Drug and Cosmetic Act as it relates to the substances in a hand antiseptic reasonably expected to become a component of food based upon the product’s intended use; Renumbered the existing paragraph 4 as a new paragraph 5.

3-201.11

Amended to relocate information about safe food handling label instructions from Annex 3, §3-602.11 to Annex 3 §3-201.11.

3-201.16

Amended to delete last sentence in paragraph 2; revise paragraph 3; add new paragraphs 4-5; and delete existing paragraphs 4-8.

3-302.11

Amended to remove paragraph 3 to be consistent with change to delete subparagraph 3-302.11(A)(3).

3-304.17

Amended to describe the public health reasons for inclusion of an exception for reusing and refilling returned take-home containers with TCS- or non-TCS food; Relocated PHR text from §4-603.17 to §3-304.17.

3-401.14

Amended to revise paragraph 6 to clarify that during the final cooking step, raw animal foods cooked using a non-continuous cooking process shall be cooked to a temperature and for a time as specified under ¶¶3-401.11 (A)-(C).

3-402.11

Amended to update paragraph 6 to be consistent with the Fish and Fisheries Products Hazards and Controls Guidance, Fourth edition.

Amended to add new paragraph 8 to explain why the requirements for parasite destruction do not apply to molluscan shellfish and scallop products consisting solely of the shucked adductor muscle.

3-403.11

Amended to add a new paragraph 4 to provide the public health reason for requiring a reheating temperature for commercially processed foods that is lower than that for foods prepared in the food establishment.

3-501.13

Amended to add three new paragraphs to address the removal of ROP frozen fish from its packaging before thawing to prevent *C. botulinum* toxin formation.

3-501.17

Amended to remove “PHF” from the Tagline so it references only TCS food.

Amended to add a new paragraph #13 under a new subheading “Shellstock” as public health rationale for exempting shellstock from date marking.

Amended paragraph 4 under subheading of USDA-regulated products to clarify that the exemption from date marking for shelf stable dry fermented sausages produced in USDA-regulated facilities is not dependent on the product retaining the original casing.

3-502.11

Amended with an editorial change to make a correction in the title of Chart 1 to accurately cross reference §3-502.11 rather than §3-501.11.

3-502.12

Amended the entire annex section to reorganize the information according to different concepts presented in the Annex, added sub-headings, and revised certain text within the existing paragraphs, such that changes are:

- In the introductory paragraphs,
  - amended paragraph 1 to add information about safety concerns when spoilage organisms are inhibited, and
  - amended paragraph 2 to delete information about oxygen transfer rate and add information about other ways oxygen is restricted not just by the packaging.
- Amended text under the new subheading, ROP with Two Barriers,
  - in paragraph 2, to provide examples of foods that have high levels of competing organisms and explained why the refrigerated shelf life time was increased from 14 calendar days to 30 calendar days for vacuum packaged ROP food, and
  - in paragraph 3, to address non-time/temperature control for safety food explaining why these foods do not require a variance or HACCP Plan for ROP.
- Amended the first sentence in paragraph 1 under the new subheading, ROP and Cheese, to remove “Naturally fermented” at the start of the sentence.
- Amended text under the new subheading, ROP with One Barrier (Cook-Chill and Sous Vide),
  - in paragraph 1 to change the four options to three options for inhibiting growth for cook/chill, sous vide processing, and
  - in paragraph 2, to change the 38°F cold holding temperature noted to 41ºF, to be consistent with the changes made in subparagraph 3-502.12(D)(2)(e). Amended text under the new subheading, The Relationship Between Time and ROP, to add new text that provides information regarding short-term ROP storage and exemption from a HACCP Plan.
- Amended text under the new subheading, HACCP Plans with ROP,
  - in paragraph 1 to add information on submitting a HACCP Plan to the regulatory authority, and
  - in paragraph 2 to clarify information for when an operator submits an application for a variance.
- Amended text under the new subheading, ROP with Fish, for internal consistency. –

3-602.11

Amended to reorganize the entire public health reasons and include new subheading titles; removed outdated information from the food allergen labeling subsection; included information about astaxanthin, a color additive used in salmonid fish under its new subheading; New cross-reference created in §3-602.11 to direct the reader to §3-201.11 under the new safe handling instructions subheading.

Amended to clarify why food held under the direct control of the operator is exempt from the labeling requirements in 3-602.11, while food enclosed in a container or wrapping and placed on display for consumer self service is subject to the labeling requirements under §3-602.11.

Added public health rationale to explain the importance of having an accurate list of food ingredients on the label. Two examples were provided to illustrate the method that food establishments may use to list the ingredients on the label.

4-101.15

Amended paragraph 1 and added new paragraph 2 to add information about zinc and zinc poisoning

4-302.13

Amended to change the tag line and to add a new paragraph 2 with the public health rationale for the new ¶4-302.13(B).

4-602.11

Amended to add new paragraphs 5 and 6 to clarify that food contact surfaces of equipment and utensils that have contacted a raw animal food that is a major food allergen such as raw fish must be cleaned and sanitized prior to contacting different types of raw animal foods.

4-603.17

Removed Annex 3, §4-603.17 and relocated the public health reasons text from §4-603.17 to §3-304.17.

7-204.12

Amended to update web link in paragraph 1, revise paragraph 3 and add a new paragraph 4 that speaks to allowing food additives and food contact substances as well as substances generally recognized as safe (GRAS) that are permitted under FDA's regulations for washing fruits and vegetables.

8-304.11

Amended to add new public health reasons to explain the intent of adding in new ¶(K) a requirement to post a sign/placard notifying the public that inspectional information is available for review.

back to top

Annex 4 Management of Food Practices-Achieving Active Managerial Control of Foodborne Illness Risk Factors

Amended to convert Table 1 through Table 4 and the CCP Decision Tree 1 to meet web accessibility requirements.

Amended section **9. Resources and References (C) FDA Publications** to update the list of resources and references to also reference the Fourth Edition of the Fish & Fishery Products Hazards and Controls Guidance, April 2011.

Annex 5 Conducting Risk-Based Inspection

No Changes.

Annex 6 Food Processing Criteria

Amended Section 2, Reduced Oxygen Packaging, (B) Definitions, (1) through (5)

to revise the ROP definitions to be consistent with the ROP definition in Chapter 1 (1-201.10).

Annex 7 Models Forms, Guides, and Other Aids

Amended the Tables and Charts throughout to be consistent with web accessibility requirements.

Amended Forms 1-A, 1-B, and 1-C to revise the forms to be consistent with the changes in Chapter 2 in regards to the use of the term STEC and not EHEC and NTS, as applicable.

Amended Forms 2-A and 2-B to change use of term “Potentially hazardous food (time/temperature control for safety food” to “time/temperature control for safety food”.

Amended Form 3-A, *Food Establishment Inspection Report* form, for consistency with changes made in the Supplement with the 2009 Food Code to add two new entries and renumber the subsequent items. This change added in a new item #2 Certified Food Protection Manager, renumbered existing #2-3 as new items #3-4; added in a new item #5 Procedures for responding to vomiting and diarrheal events, renumbered existing items #4-54 as new #6-56.

Amended Guide 3-B, *Instructions for Marking the Food Establishment Inspection Report, Including Food Code References for Risk Factors/Interventions and Good Retail Practices* to add the risk designations (Priority $^{(P)}$, Priority Foundation $^{(Pf)}$ and Core $^{(C)}$) to each applicable code section for reference when recording observations in the inspection report.

ADA = Americans with Disabilities Act

ASTM = American Society for Testing and Materials

CDC = Centers for Disease Control and Prevention

CFP = Conference for Food Protection

CFR = Code of Federal Regulations

HACCP = Hazard Analysis and Critical Control Point

IFT = Institute of Food Technologists

Lm = *Listeria monocytogenes*

NACMCF = National Advisory Committee on Microbiological Criteria for Foods

NSSP = National Shellfish Sanitation Program

OTC = Over The Counter

PMO = Pasteurized Milk Ordinance

PMP = Pathogen Modeling Program

ROP = Reduced Oxygen Packaging

USDA/FSIS = United States Department of Agriculture/Food Safety & Inspection Service

back to top

More in Food Code (/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/default.htm)

Food Code 2017 (/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm595139.htm)

Food Code 2013 (/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm374275.htm)

Food Code 2009 (/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm2019396.htm)

Food Code 2005 (/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm2016793.htm)

Food Code 2001 (/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm2016794.htm)

Food Code 1999 (/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm2018345.htm)

Food Code 1997 (/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm2018346.htm)

Annex

1 Compliance and Enforcement

1. PURPOSE

The purpose of this Annex is to set forth provisions, in codified form, that provide a full array of enforcement mechanisms while recognizing the diverse statutes and regulations that currently govern the operations of the thousands of State and local regulatory agencies.

2. EXPLANATION

State or local statutes, regulations, and ordinances vary in their design, specificity, and degree of comprehensiveness in that they may:

(A) Contain authorities that provide the basis for certain post-inspection compliance strategies but remain silent with respect to other enforcement mechanisms;

(B) Include specific requirements that are different from those provided in this Annex; and

(C) Be structured so that provisions such as administrative procedures are embodied in sections of the law that transcend and are separate from those governing food establishments.

Consequently, in this document a deliberate attempt is made to extract those provisions that could conceptually be adopted as an extension of Chapter 8 if they were compatible with existing, governing State and local statutes. The extracted provisions are numbered to sequentially follow Chapter 8 but are placed in this Annex so that regulatory agencies can revise them to be consistent with their statutes and their needs as discussed in the Recommendation, below.

It is anticipated that adoption of this Code will be facilitated by the fact that:

(A) The compliance provisions of Chapter 8 that should be an integral part of State or local food regulations are part of the text of the Code; and

(B) The administrative and judicial enforcement provisions that are critical to the framework of a food regulatory program, but that may be repetitive or discrepant when compared to State or local statutes, are separated in this Annex.

3. PRINCIPLE

Although the situations necessitating escalated enforcement actions comprise a small percentage of those encountered by the regulator, a full spectrum of enforcement tools must be available where immediate hazards exist, or where compliance is not obtained voluntarily. Thus, a jurisdiction must have in place both the necessary statutory framework that includes a broad-based, well-defined enforcement component and regulations that specify the requirements within those legal authorities. It is imperative that there be clearly stated and legally sound rules that include the criteria for compliance and enforcement, the responsibilities of all parties, sanctions for noncompliance, and due process guarantees.

4. RECOMMENDATION

FDA recommends that agencies assess their statutory provisions that pertain to food establishments in light of this Annex and consider proposing changes to their statutes and regulations where they determine that provisions contained within this Annex will strengthen their programs. Such an assessment may involve reviewing problems encountered in attempts to prosecute under existing State or local provisions; considering comments received by the regulatory authority about its enforcement process; consulting with staff and legal counsel to identify gaps or weaknesses in the provisions; comparing provisions with sister agencies for comprehensiveness, equity, and uniformity; and seeking input from outside sources that have experience in taking, or being the subject of, enforcement actions.

Appropriate wording and cross referencing changes to the provisions in this Annex may be necessary, based on whether they are adopted as statutes or regulations. Modifications to the adoption forms (Forms #2-A and #2-B in Annex 7) may also be necessary based on that decision.

Parts

8-6 CONSTITUTIONAL PROTECTION

Subparts

Procedural Safeguards

8-601.10 Preservation of Rights.

The REGULATORY AUTHORITY shall justly apply the remedies according to LAW and this Code, to preserve the rights to equal protection and due process of a PERSON to whom the remedies are applied.

Judicial Review

8-602.10 Rights of Recipients of Orders or Decisions.

A recipient of a REGULATORY AUTHORITY order or decision may file a petition for judicial review in a court of competent jurisdiction after available administrative appeal remedies are exhausted.

8-7 AUTHORITY

Subpart

8-701 Legal Authority

Legal Authority

8-701.10 Adoption of Regulations.

The REGULATORY AUTHORITY shall have the requisite legal authority from the appropriate statute/ordinance making authority to adopt and enforce regulations to carry out the administrative and judicial enforcement provisions of the Code that are critical to the framework of a Food Establishment regulatory program, to include the requirement for the issuance of a Permit.

8-701.11 Implementation of Regulations.

Appropriate modifications to the adoption forms (Form #2-A (Adoption by Reference short form) and #2-B (Adoption by Section-by-Section Reference)) in Annex 7, where used, shall be made consistent with said legal authority to enact regulations and enforce compliance of the Code, whether they are adopted as statutes or regulations.

8-701.20 Basis for Action.

The REGULATORY AUTHORITY shall clearly state and reference within the Code the legally sound basis for compliance and enforcement action, the responsibilities of the parties, sanctions for noncompliance and due process.

8-8 NOTICES

Subpart

8-801 Service of Notice

Service of Notice **8-801.10 Proper Methods.**

(Note: Adoption of this section provides the basis for serving notice of inspectional findings as specified in § 8-403.30 and would be cited there.)

A notice issued in accordance with this Code shall be considered to be properly served if it is served by one of the following methods:

(A) The notice is personally served by the REGULATORY AUTHORITY, a LAW enforcement officer, or a PERSON authorized to serve a civil process to the PERMIT HOLDER, the PERSON IN CHARGE, or PERSON operating a FOOD ESTABLISHMENT without a PERMIT;

(B) The notice is sent by the REGULATORY AUTHORITY to the last known address of the PERMIT HOLDER or the PERSON operating a FOOD ESTABLISHMENT without a PERMIT, by registered or certified mail or by other public means so that a written acknowledgment of receipt may be acquired; or

(C) The notice is provided by the REGULATORY AUTHORITY in accordance with another manner of service authorized in LAW.

8-801.20 Restriction or Exclusion Order, Hold Order or Summary Suspension.

An EMPLOYEE RESTRICTION or EXCLUSION order, an order to hold and not distribute FOOD, such as a hold, detention, embargo, or seizure order which is hereinafter referred to as a hold order, or a summary suspension order shall be:

(A) Served as specified in ¶ 8-801.10(A); or

(B) Clearly posted by the REGULATORY AUTHORITY at a public entrance to the FOOD ESTABLISHMENT and a copy of the notice sent by first class mail to the PERMIT HOLDER or to the owner or custodian of the FOOD, as appropriate.

8-801.30 When Notice is Effective.

Service is effective at the time of the notice's receipt or if service is made as specified in ¶ 8-801.20(B), at the time of the notice's posting.

8-801.40 Proof of Proper Service.

Proof of proper service may be made by affidavit of the PERSON making service or by admission of the receipt signed by the PERMIT HOLDER, the PERSON operating a FOOD ESTABLISHMENT without a PERMIT to operate, or an authorized agent.

8-9 REMEDIES

Subparts

Criteria for Seeking Remedies

8-901.10 Conditions Warranting Remedy.

The REGULATORY AUTHORITY may seek an administrative or judicial remedy to achieve compliance with the provisions of this Code if a PERSON operating a FOOD ESTABLISHMENT or EMPLOYEE:

(A) Fails to have a valid PERMIT to operate a FOOD ESTABLISHMENT as specified under § 8-301.11;

(B) Violates any term or condition of a PERMIT as specified under § 8-304.11;

(C) Allows serious or repeated code violations to remain uncorrected beyond time frames for correction APPROVED, directed, or ordered by the REGULATORY AUTHORITY under ¶¶ 8-405.11(A) and (B), and ¶¶ 8-406.11(A) and (B);

(D) Fails to comply with a REGULATORY AUTHORITY order issued as specified in § 8-501.20 concerning an EMPLOYEE or CONDITIONAL EMPLOYEE suspected of having a disease transmissible through FOOD by infected PERSONS;

(E) Fails to comply with a hold order as specified in § 8-903.10;

(F) Fails to comply with an order issued as a result of a hearing for an administrative remedy as specified in § 8-906.40; or

(G) Fails to comply with a summary suspension order issued by the REGULATORY AUTHORITY as specified in §§ 8-801.20 and 8-904.10.

Administrative

8-902.10 Gaining Access to Premises and Records.

Inspection Orders

(Note: Adoption of this section provides the basis for Subparagraph 8-402.20(A)(3) and § 8-402.40 and would be cited there.)

The REGULATORY AUTHORITY may order access for one or more of the following purposes, subject to LAW for gaining access:

(A) If admission to the PREMISES of a FOOD ESTABLISHMENT is denied or other circumstances exist that would justify an inspection order under LAW, to make an inspection including taking photographs;

(B) To examine and sample the FOOD; and

(C) To examine the records on the PREMISES relating to FOOD purchased, received, or used by the FOOD ESTABLISHMENT.

8-902.20 Contents of Inspection Order.

The REGULATORY AUTHORITY'S inspection order shall:

(A) Stipulate that access be allowed on or to the described PREMISES, FOOD, or records under the order's provisions;

(B) Provide a description that specifies the PREMISES, FOOD, or records subject to the order; and

(C) Specify areas to be accessed and activities to be performed.

Holding, Examination, and Destruction of Food

8-903.10 Hold Order, Justifying Conditions and Removal of Food.

(Note: Adoption of this section provides the basis for ¶ 3-202.18(B) and would be cited there.)

(A) According to time limits imposed by LAW, the REGULATORY AUTHORITY may place a hold order on a FOOD that:

(1) Originated from an unAPPROVED source;

(2) May be unsafe, ADULTERATED, or not honestly presented;

(3) Is not labeled according to LAW, or, if raw MOLLUSCAN SHELLFISH, is not tagged or labeled according to LAW; or

(4) Is otherwise not in compliance with this Code.

(B) If the REGULATORY AUTHORITY has reasonable cause to believe that the hold order will be violated, or finds that the order is violated, the REGULATORY AUTHORITY may remove the FOOD that is subject to the order to a place of safekeeping.

8-903.20 Hold Order, Warning or Hearing Not Required.

The REGULATORY AUTHORITY may issue a hold order to a PERMIT HOLDER or to a PERSON who owns or controls the FOOD, as specified in § 8-903.10, without prior warning, notice of a hearing, or a hearing on the hold order.

8-903.30 Hold Order, Contents.

The hold order notice shall:

(A) State that FOOD subject to the order may not be used, sold, moved from the FOOD ESTABLISHMENT, or destroyed without a written release of the order from the REGULATORY AUTHORITY;

(B) State the specific reasons for placing the FOOD under the hold order with reference to the applicable provisions of this Code and the HAZARD or adverse effect created by the observed condition;

(C) Completely identify the FOOD subject to the hold order by the common name, the label information, a container description, the quantity, REGULATORY AUTHORITY'S tag or identification information, and location;

(D) State that the PERMIT HOLDER has the right to an appeal hearing and may request a hearing by submitting a timely request as specified in §§ 8-905.10 and 8-905.20;

(E) State that the REGULATORY AUTHORITY may order the destruction of the FOOD if a timely request for an appeal hearing is not received; and

(F) Provide the name and address of the REGULATORY AUTHORITY representative to whom a request for an appeal hearing may be made.

8-903.40 Hold Order, Official Tagging of Food.

(A) The REGULATORY AUTHORITY shall securely place an official tag or label on the FOOD or containers or otherwise conspicuously identify FOOD subject to the hold order.

(B) The tag or other method used to identify a FOOD that is the subject of a hold order shall include a summary of the provisions specified in § 8-903.30 and shall be signed and dated by the REGULATORY AUTHORITY.

8-903.51 Hold Order, Food May Not Be Used or Moved.

(A) Except as specified in ¶ (B) of this section, a FOOD placed under a hold order may not be used, sold, served, or moved from the establishment by any PERSON.

(B) *The REGULATORY AUTHORITY may allow the PERMIT HOLDER the opportunity to store the FOOD in an area of the FOOD ESTABLISHMENT if the FOOD is protected from subsequent deterioration and the storage does not restrict operations of the establishment.*

8-903.60 Examining, Sampling, and Testing Food.

The REGULATORY AUTHORITY may examine, sample, and test FOOD in order to determine its compliance with this Code.

8-903.70 Hold Order, Removing the Official Tag.

Only the REGULATORY AUTHORITY may remove hold order tags, labels, or other identification from FOOD subject to a hold order.

8-903.80 Destroying or Denaturing Food.

If a hold order is sustained upon appeal or if a timely request for an appeal hearing is not filed, the REGULATORY AUTHORITY may order the PERMIT HOLDER or other PERSON who owns or has custody of the FOOD to bring the FOOD into compliance with this Code or to destroy or denature the FOOD under the REGULATORY AUTHORITY'S supervision.

8-903.90 Releasing Food from Hold Order.

The REGULATORY AUTHORITY shall issue a notice of release from a hold order and shall remove hold tags, labels, or other identification from the FOOD if the hold order is vacated.

Summary Permit Suspension

8-904.10 Conditions Warranting Action.

The REGULATORY AUTHORITY may summarily suspend a PERMIT to operate a FOOD ESTABLISHMENT if it determines through inspection, or examination of EMPLOYEES, FOOD, records, or other means as specified in this Code, that an IMMINENT HEALTH HAZARD exists.

8-904.20 Summary Suspension, Warning or Hearing Not Required.

The REGULATORY AUTHORITY may summarily suspend a PERSON'S PERMIT as specified in § 8-904.10 by providing written notice as specified in § 8-801.20 of the summary suspension to the PERMIT HOLDER or PERSON IN CHARGE, without prior warning, notice of a hearing, or a hearing.

8-904.30 Contents of the Notice.

A summary suspension notice shall state:

(A) That the FOOD ESTABLISHMENT PERMIT is immediately suspended and that all FOOD operations shall immediately cease;

(B) The reasons for summary suspension with reference to the provisions of this Code that are in violation;

(C) The name and address of the REGULATORY AUTHORITY representative to whom a written request for reinspection may be made and who may certify that reasons for the suspension are eliminated; and

(D) That the PERMIT HOLDER may request an appeal hearing by submitting a timely request as specified in §§ 8-905.10 and 8-905.20.

8-904.40 Time Frame for Reinspection.

After receiving a written request from the PERMIT HOLDER stating that the conditions cited in the summary suspension order no longer exist, the REGULATORY AUTHORITY shall conduct a reinspection of the FOOD ESTABLISHMENT for which the PERMIT was summarily suspended within 2 business days, which means 2 days during which the REGULATORY AUTHORITY'S office is open to the public.

8-904.50 Term of Suspension, Reinstatement of Permit.

(A) A summary suspension shall remain in effect until the conditions cited in the notice of suspension no longer exist and their elimination has been confirmed by the REGULATORY AUTHORITY through reinspection and other means as appropriate.

(B) The suspended PERMIT shall be reinstated immediately if the REGULATORY AUTHORITY determines that the public health HAZARD or nuisance no longer exists. A notice of reinstatement shall be provided to the PERMIT HOLDER or PERSON IN CHARGE.

Hearings Administration

8-905.10 Response to Notice of Hearing or Request for Hearing, Basis and Time Frame.

(Note: Adoption of this section provides the basis for ¶¶ 8-303.30(C) and 8-501.30(C). ¶¶ 8-905.10(C) and (D) would be cited there.)

(A) A PERSON who receives a notice of hearing for an administrative remedy as specified in Part 8-8, § 8-901.10, or ¶ 8-905.30(A) and elects to respond to the notice shall file a response to notice as specified in § 8-905.20 within 7 calendar days after service.

(B) A PERMIT applicant may request a hearing regarding the disposition of an application for a new or revised PERMIT if the REGULATORY AUTHORITY does not issue or deny the PERMIT within the time frame specified in LAW.

(C) A PERMIT HOLDER may request a hearing to address concerns about the REGULATORY AUTHORITY'S denial of application for a PERMIT or request for a VARIANCE, or compliance actions, except that a hearing request does not stay the REGULATORY AUTHORITY'S restriction or exclusion of EMPLOYEES specified in §§ 8-501.10 - 8-501.40, a hold order specified in § 8-903.10, or the imposition of a summary suspension specified in § 8-904.10.

(D) A PERSON desiring a hearing in response to a denial of an application for PERMIT or an adverse administrative determination shall submit a hearing request to the REGULATORY AUTHORITY within 10 calendar days of the date of the denial, inspection, or compliance action, unless the REGULATORY AUTHORITY specifies in

certain situations that the request shall be submitted within a shorter period of time.

8-905.20 Response to a Notice of Hearing or Request for Hearing, Required Form and Contents.

A response to a hearing notice or a request for hearing as specified in § 8-905.10 shall be in written form and contain the following:

(A) If a response to notice of hearing,

(1) An admission or denial of each allegation of fact;

(2) A statement as to whether the respondent waives the right to a hearing; and may also contain

(3) A statement of defense, mitigation, or explanation concerning any allegation of fact; and

(4) A request to the REGULATORY AUTHORITY for a settlement of the proceeding by consent agreement, if the REGULATORY AUTHORITY will provide this opportunity.

(B) If a request for hearing,

(1) A statement of the issue of fact specified in ¶ 8-905.30(B) for which the hearing is requested; and

(2) A statement of defense, mitigation, denial, or explanation concerning each allegation of fact.

(C) If either a response to notice of hearing or a request for a hearing,

(1) A statement indicating whether the presence of witnesses for the REGULATORY AUTHORITY is required; and

(2) The name and address of the respondent's or requester's legal counsel, if any.

8-905.30 Provided Upon Request.

The REGULATORY AUTHORITY shall hold hearings according to LAW and the provisions of this Code:

(A) As determined necessary by LAW or the REGULATORY AUTHORITY to accomplish the purpose and intent of this Code specified in § 8-101.10; and

(B) As requested by a PERMIT applicant or a PERMIT HOLDER if:

(1) Requested as specified in § 8-905.10, and

(2) The request demonstrates that there is a genuine and material issue of fact that justifies that a hearing be held.

8-905.40 Provided in Accordance with Law.

Hearings shall be conducted according to LAW, administrative procedures, and this Code.

8-905.50 Timeliness, Appeal Proceeding Within 5 Business Days, Other Proceeding Within 30 Calendar Days.

(A) The REGULATORY AUTHORITY shall afford a hearing:

(1) Except as provided in ¶ (B) of this section, within 5 business days after receiving a written request for an appeal hearing from:

(a) A PERSON who is EXCLUDED by the REGULATORY AUTHORITY from working in a FOOD ESTABLISHMENT as specified in §§ 8-501.10 - 8-501.40,

(b) A PERMIT HOLDER or PERSON whose FOOD is subject to a hold order as specified in Subpart 8-903, or

(c) A PERMIT HOLDER whose PERMIT is summarily suspended as specified in Subpart 8-904; and

(2) Within 30 calendar days but no earlier than 7 calendar days after the service of a hearing notice to consider administrative remedies for other matters as specified in ¶ 8-905.10(C) or for matters as determined necessary by the REGULATORY AUTHORITY.

(B) A PERMIT HOLDER or PERSON who submits a request for a hearing as specified in Subparagraphs (A)(1)(a)-(c) of this section may waive the prompt hearing in the written request to the REGULATORY AUTHORITY.

8-905.60 Notice, Contents.

A notice of hearing shall contain the following information:

(A) Time, date, and place of the hearing;

(B) Purpose of the hearing;

(C) Facts that constitute the basis or reason for the hearing including specific details of violations or allegations;

(D) The rights of the respondent, including the right to be represented by counsel and to present witnesses and evidence on the respondent's behalf as specified in § 8-907.10;

(E) At the REGULATORY AUTHORITY'S discretion, the procedure for the respondent to request an offer from the REGULATORY AUTHORITY to settle the matter;

(F) The consequences of failing to appear at the hearing;

(G) The maximum sanctions or penalties as specified in ¶¶ 8-906.40(B) - (D) that may result from the hearing if the hearing concerns a proposed administrative remedy and if the facts are found to be as alleged;

(H) If the hearing concerns a proposed administrative remedy, a statement specifying the form and time frame for response as specified in § 8-905.10;

(I) Notification that the written response shall include the information specified in § 8-905.20; and

(J) The name and address of the PERSON to whom such written response shall be addressed.

8-905.70 Proceeding Commences Upon Notification.

A hearing proceeding commences at the time the REGULATORY AUTHORITY notifies the respondent of the hearing proceeding.

8-905.80 Procedure, Expeditious and Impartial.

Hearings shall be conducted in an expeditious and impartial manner.

8-905.90 Confidential.

(A) Hearings or portions of hearings may be closed to the public:

(1) If compelling circumstances, such as the need to discuss in the hearing a PERSON'S medical condition or a FOOD ESTABLISHMENT'S trade secrets, indicate that it would be prudent; and

(2) According to LAW, such as an open meetings LAW.

(B) A party to a hearing shall maintain confidentiality of discussions that warrant closing the hearing to the public.

8-905.100 Record of Proceeding.

A complete record of a hearing shall be prepared under the direction of the PERSON conducting the hearing and maintained as part of the REGULATORY AUTHORITY'S records for the FOOD ESTABLISHMENT. *Except as required by LAW, a verbatim transcript of the hearing need not be prepared.*

Hearing Officer, Purpose Qualifications, Appointment, and Powers

8-906.10 Appointment by Regulatory Authority and Purpose.

The REGULATORY AUTHORITY may appoint a PERSON such as an adjudicator, administrative LAW judge, or examiner, hereinafter referred to as a hearing officer, who presides over a proceeding initiated by the REGULATORY AUTHORITY or by a PERSON contesting an action of the REGULATORY AUTHORITY, to perform one or more of the following:

(A) Hear the facts presented by an applicant or a PERMIT HOLDER;

(B) Make a decision or recommendation concerning administrative remedies to achieve compliance with this Code; or

(C) Address other concerns or allegations appropriately raised according to LAW, in the matter before the hearing officer.

8-906.20 Qualifications.

A hearing officer shall be knowledgeable of the provisions of this chapter and the LAW as they relate to hearings, and be:

(A) A REGULATORY AUTHORITY representative other than the PERSON who inspects the FOOD ESTABLISHMENT or who has any other role in making the decision that is being contested; or

(B) An individual who is not employed by the REGULATORY AUTHORITY.

8-906.30 Powers, Administration of Hearings.

(A) A hearing officer shall have the following powers in a hearing in which the hearing officer presides:

(1) Setting and conducting the course of a hearing requested in accordance with or authorized by this Code,

(2) Issuing subpoenas in the name of the REGULATORY AUTHORITY at the request of a party to a hearing, administering oaths and affirmations, examining witnesses, receiving evidence,

(3) Approving a consent agreement on the issues involved in the hearing entered into by the REGULATORY AUTHORITY and the respondent after the respondent receives a hearing notice,

(4) Sustaining, modifying, rescinding, or vacating an order or directive of the REGULATORY AUTHORITY in an appeal hearing proceeding, and if the order or directive is sustained, ordering appropriate measures to execute the REGULATORY AUTHORITY'S order or directive; and

(B) *Unless a party appeals to the head of the REGULATORY AUTHORITY within 15 days of the hearing or a lesser number of days specified by the hearing officer:*

(1) Rendering a binding decision and final order in a proceeding after conducting a hearing, if the respondent has not waived the right to a hearing, and

(2) Then notifying the respondent of the decision and the order which contains the findings and conclusions of LAW.

8-906.40 Powers, Administrative Remedies.

The hearing officer shall have the following powers in a hearing proceeding concerning an administrative remedy specified in §§ 8-901.10 and 8-905.30:

(A) Issuing orders to abate or correct violations of this Code and establishing a schedule for the abatement or correction of violations;

(B) Making a finding of fact regarding the occurrence of each violation and assessing, levying, and ordering a reasonable civil penalty, according to LAW and not to exceed the amount specified in ¶ 8-913.10(B) for each violation of this Code that is alleged and found to be committed, and calculated based on each day a violation occurs as specified in ¶ 8-913.10(C);

(C) Suspending, revoking, modifying, or imposing reasonable restrictions or conditions on a PERMIT to operate a FOOD ESTABLISHMENT, or ordering the closure of a FOOD ESTABLISHMENT that is operated without a valid PERMIT as required under § 8-301.11;

(D) Making a finding of fact regarding the occurrence of each violation of the REGULATORY AUTHORITY'S or hearing officer's LAWful order issued in accordance with this Code and assessing, levying, and ordering a reasonable civil penalty, in accordance with LAW and not to exceed the amount specified in ¶ 8-913.10(B) for each violation of this Code that is alleged and found to be committed, and calculated based on each day a violation occurs as specified in ¶ 8-913.10(C);

(E) Deferring or suspending the imposition of a decision or execution of an order, and imposing a probationary period, upon the condition that the respondent comply with the hearing officer's reasonable terms and conditions;

(F) Dismissing the appeal if the matter is settled between the REGULATORY AUTHORITY and the respondent after a hearing notice is served;

(G) Ordering reinspection of a FOOD ESTABLISHMENT to determine compliance with a hearing officer's order;

(H) Suspending or ordering the payment of a fee established by the REGULATORY AUTHORITY for a reinspection that is required to determine compliance and for the reinstatement of a PERMIT after suspension;

(I) Retaining and exercising jurisdiction for a specific period of time not to exceed 90 calendar days after the hearing officer's decision and final order is issued, over a respondent who receives a hearing notice; and

(J) Modifying or setting aside an order by rehearing upon the hearing officer's own motion, the motion of the REGULATORY AUTHORITY, or the motion of the respondent.

Rights of Parties and Evidence

8-907.10 Rights of Parties.

Parties to a hearing may be represented by counsel, examine and cross examine witnesses, and present evidence in support of their position.

8-907.20 Evidence to be Presented by the Regulatory Authority.

The REGULATORY AUTHORITY shall present at the hearing its evidence, orders, directives, and reports related to the proposed or appealed administrative remedy.

8-907.30 Evidence to be Excluded.

Evidence shall be EXCLUDED:

(A) If it is irrelevant, immaterial, unduly repetitious, or excludable on constitutional or statutory grounds or on the basis of evidentiary privilege recognized by the state's courts; or

(B) Otherwise according to LAW.

8-907.40 Testimony under Oath.

Testimony of parties and witnesses shall be made under oath or affirmation administered by a duly authorized official.

8-907.50 Written Evidence.

Written evidence may be received if it will expedite the hearing without substantial prejudice to a party's interests.

8-907.60 Documentary Evidence.

Documentary evidence may be received in the form of a copy or excerpt.

Settlement

8-908.10 Authorization.

The REGULATORY AUTHORITY may settle a case after a notice of hearing is served by providing a respondent with an opportunity to request a settlement before a hearing commences on the matter and by entering into a consent agreement with the respondent.

8-908.20 Respondent Acceptance of Consent Agreement Is Waiver of Right to Appeal.

Respondents accepting a consent agreement waive their right to a hearing on the matter.

Judicial

Inspection Orders

8-909.10 Gaining Access to Premises and Records.

(Note: Adoption of this section provides the basis for Subparagraph 8-402.20(A)(3) and § 8-402.40 and would be cited there.)

The REGULATORY AUTHORITY may seek access for one or more of the following purposes, according to LAW for gaining access:

(A) If admission to the PREMISES of a FOOD ESTABLISHMENT is denied or other circumstances exist that would justify an inspection order under LAW, to make an inspection including taking photographs;

(B) To examine and sample the FOOD; and

(C) To examine the records on the PREMISES relating to FOOD purchased, received, or used by the FOOD ESTABLISHMENT.

8-909.20 Contents of Court Petition.

In the absence of a specific set of requirements established by LAW, in its petition to the court to compel access the REGULATORY AUTHORITY shall:

(A) Describe in detail the PREMISES, FOOD, or records on or to which access was denied;

(B) Detail the legal authority to regulate and to have access

for a specific purpose on or to the PREMISES, FOOD, or records where access was denied; and

(C) Provide information that the FOOD ESTABLISHMENT possesses a valid PERMIT from the REGULATORY AUTHORITY and that it applies to the PREMISES where access was denied; or

(D) Provide information that a PERSON is known to be or suspected of operating a FOOD ESTABLISHMENT without possessing a valid PERMIT as specified in LAW and under this Code.

8-909.30 Sworn Statement of Denied Access.

The REGULATORY AUTHORITY shall demonstrate to the court by affidavit, sworn testimony, or both that:

(A) Access on or to the PREMISES, FOOD, or records was denied after the REGULATORY AUTHORITY acted as specified in §§ 8-402.20 and 8-402.30; or

(B) There is reason to believe that a FOOD ESTABLISHMENT is being operated on the PREMISES and that access was denied or is sought under a REGULATORY AUTHORITY'S reasonable administrative plan to enforce the provisions of this Code.

8-909.40 Contents of an Order.

Upon petition of the REGULATORY AUTHORITY, the court may issue an inspection order that:

(A) Includes the information specified in ¶¶ 8-902.20(A) - (C); and

(B) Orders or authorizes any other identified agencies and persons including LAW enforcement agencies to execute, or assist with the execution of, the order.

8-909.50 Optional Contents of an Order.

Upon petition of the REGULATORY AUTHORITY, the court may further issue an inspection order that:

(A) Provides a maximum time limit for the order's execution;

(B) Authorizes LAW enforcement officers who assist in the order's execution to use necessary force against PERSONS or property to execute the order; and

(C) Requires that the agencies or PERSONS ordered or authorized to execute the order shall report to the court the date and time of the order's execution and the findings reached by the inspection, examination, or sampling conducted under the order.

Means of Instituting Judicial Enforcement Proceedings

8-910.10 Institution of Proceedings.

(A) Proceedings to enforce this Code may be instituted by the REGULATORY AUTHORITY according to LAW by issuing a citation or summons, by filing a misdemeanor complaint affidavit and request for a warrant of arrest with the court of competent jurisdiction, or by referring the complaint to a grand jury for indictment, as appropriate.

(B) The REGULATORY AUTHORITY may designate a representative to issue summons or citations or sign warrants on behalf of the agency.

Criminal Proceedings

8-911.10 Authorities, Methods, Fines, and Sentences.

(A) The REGULATORY AUTHORITY may seek to enforce the provisions of this Code and its orders by instituting criminal proceedings as provided in LAW against the PERMIT HOLDER or other PERSONS who violate its provisions.

(B) A PERSON who violates a provision of this Code shall be guilty of a misdemeanor, punishable by:

(1) A fine of not more than (designate amount) dollars, or by imprisonment not exceeding 1 year, or both the fine and imprisonment; or

(2) If the PERSON has been convicted once of violating this Code or if there is an intent to defraud or mislead, a fine not exceeding (designate amount) or imprisonment not exceeding (designate time) year(s) or both.

(C) Each day on which a violation occurs is a separate violation under this section.

Injunctive Proceeding

8-912.10 Petitions for Injunction.

The REGULATORY AUTHORITY may, according to LAW, petition a court of competent jurisdiction for temporary or permanent injunctive relief to achieve compliance with the provisions of this Code or its orders.

Civil Proceedings

8-913.10 Petitions, Penalties, and Continuing Violations.

(A) The REGULATORY AUTHORITY may petition a court of competent jurisdiction to enforce the provisions of this Code or its administrative orders and according to LAW collect penalties and fees for violations.

(B) In addition to any criminal fines and sentences imposed as specified in § 8-911.10, or to being enjoined as specified in § 8-912.10, a PERSON who violates a provision of this Code, any rule or regulation adopted in accordance with LAW related to FOOD ESTABLISHMENTS within the scope of this Code, or to any term, condition, or limitation of a PERMIT issued as specified in §§ 8-303.10 and 8-303.20 is subject to a civil penalty not exceeding (designate amount).

(C) Each day on which a violation occurs is a separate violation under this section.

Food Service Establishments: Timelines for Hearing Requests and Holding Hearings

After Receipt of Notice from the Board of Health, Request for a Hearing Must Be Sent Within:

	MA 105 CMR 590.000	FDA, Annex 1
Persons Excluded from Work	10 days [590.015(B)(1)]	7 calendar days [8-905.10]
Embargo Order	10 days [590.015(B)(1)]	7 calendar days [8-905.10]
Summary Suspension of Permit	10 days [590.014(A)(4)(f)]	7 calendar days [8-905.10]
Revocation or Non-Renewal of Permit	10 days [590.014(C)(2)(d)]	None Specified**
Orders to Correct	10 days [590.014(C)(2)(d)]	7 calendar days [8-905.10]
Denial of Permit or Adverse Administrative Decisions	10 days * [590.015(B)(1)	10 calendar days [8-905.10(D)]
Other Administrative Remedies	10 days [590.015(B)(1)	7 calendar days [8-905.10(A)]

When Request Received, Hearing by Board of Health Must Be Scheduled Within:

	MA 105 CMR 590.000	FDA, Annex 1
Persons Excluded from Work	10 business days [590.015(B)(1)]	5 business days [8-905.50(A)(1)(a)]
Embargo Order	10 business days [590.015(B)(1)]	5 business days [8-905.50(A)(1)(b)]
Summary Suspension of Permit	3 business days [590.014(A)(2) & (A)(5)]	5 business days [8-905.50 (A)(1)(c)]
Revocation of Permit	10 days [590.015(B)(1)]	None Specified**
Orders to Correct	10 days [590.015(B)(1)]	None Specified**
Denial of Permit or Adverse Administrative Decisions	10 days [590.015(B)(1)]	7 calendar days [8-905.10]
Other Administrative Remedies	10 days [590.015(B)(1)]	Within 30 calendar days [8-905.50(A)(2)]***

If a Permit Holder agrees to a settlement, then his/her right to a hearing is waived. [FDA, Annex 1,8-908.20]
The Permit Holder can also agree to waive his/her right to a prompt hearing for Persons Excluded from Work, an Embargo Order or a Summary Suspension Hearing. [FDA, Annex 1, 8-905.50(B)]

* *Or less as determined by the Regulatory Authority*
** *Assume that it would be the same as Summary Suspension?*
*** *Not earlier than 7 calendar days.*

Updated December 12, 2018

Needham Public Health Division

178 Rosemary Street, Needham, MA 02494 781-455-7940 ext. 504
www.needhamma.gov/health 781-455-7922(fax)

Prevent. Promote. Protect.

March 27, 2019

Dear Owner/Manager:

The Town of Needham is working to meet the nine Food and Drug Administration (FDA) Voluntary National Retail Food Regulatory Program Standards. In 2018, we completed the initial phase of FDA Standard #9, *Program Assessment of the Retail Food Program Standards*, by conducting surveys to collect risk factor data from food establishments participating in the survey. We received additional FDA grant money this year to complete the final phase of Standard 9, which is to provide training and interventions to address the most common major foodborne illness risk factors that were identified in our Risk Factor Study.

To that end, we will be hosting three training seminars next month. At that time, we will discuss our findings from the Risk Factor Surveys along with strategies to prevent or reduce the top foodborne illness risk factors observed during the surveys. More information regarding the trainings will be coming soon.

We will also be offering one-on-one educational intervention meetings with those establishments found to be out of compliance with three or more of the top risk factors revealed as part of the risk factor survey study. The focus of these meetings will be to discuss corrective actions that will assist you in gaining compliance over these risk factors to protect your customers and prevent repeated violations during future health inspections. Please keep in mind that these meetings are not inspections, they will be scheduled at your convenience, and they are free of charge.

As you may recall, Pamela Ross-Kung conducted these extensive surveys at our food establishments last year in Needham between May and December, so you may have met with her at that time. She is a Registered Sanitarian and *ServSafe* Instructor with over thirty years of food service industry experience, conducting hundreds of these types of interventions over the years. Establishments have found these interventions to be very informative; helping identify gaps in food safety and coming up with simple, cost effective strategies to address critical food safety issues. We are very lucky to have her working with us!

These intervention meetings must be completed by October 15, 2019. If she doesn't hear from you by the end of April, she will reach out to you to set up a meeting. She will also be conducting the upcoming training seminars, so you may want to use that as opportunity to schedule an appointment to fit your needs. Pamela can also be reached by calling 781-605-8518, or via email at prosskung@safefoodmanagement.com.

If you have any questions regarding the is FDA Risk Factor Study or other food safety issues, please do not hesitate to contact Tara Gurge, Assistant Public Health Director at (781) 455-7940 x 211; or Diana Acosta, Environmental Health Agent at extension 220. Email contacts are as follows: Tgurge@needhamma.gov or Dacosta@needhamma.gov.

Thanks for your continued cooperation. We look forward to working with you!

Sincerely,

Tara E. Gurge, R.S., C.E.H.T., M.S.
Assistant Public Health Director

Diana C. Acosta, MPH
Environmental Health Agent

cc: Timothy McDonald, Health and Human Services Director

Needham Public Health Division

178 Rosemary Street Needham, MA 02494 781-455-7940 ext. 504
www.needhamma.gov/health 781-455-7922 (fax)

Date: March 20, 2019

To: All Retail/Food Establishment Owners/Managers

Subject: **Forum Trainings – IMPORTANT – PLEASE READ**

The Town of Needham is working to meet the nine Food and Drug Administration (FDA) Voluntary National Retail Food Regulatory Program Standards. In 2018, we completed the initial step of FDA Standard #9 - Program Assessment of the Retail Food Program Standards, by collecting risk factor survey data from food establishments participating in the survey. We received additional FDA grant money in January 2019 to complete the final step of Standard 9, which is to conduct trainings and interventions to address the most common major foodborne illness risk factors that were identified in our Risk Factor Study.

To meet that step, the Needham Public Health Division will be hosting three mandatory educational trainings for food establishments this spring. These trainings will cover the most common foodborne illness risk factors, discovered while conducting the Risk Factor Surveys, along with strategies to prevent or reduce these foodborne illness risk factors. **Food establishments must send a representative, preferably an owner/manager, from their business to attend one of the mandatory training sessions.**

Here are the three available training sessions that will take place at Needham Town Hall, Powers Hall:

- **Wednesday, April 24th from 2:00 – 4:00 PM;**
- **Wednesday, April 24th from 5:30 – 7:30 PM;**
- **Tuesday, April 30th from 9:30 – 11:30 AM.**

All sessions will be held at the Needham Town Hall in Powers Hall (2nd Floor) at 1471 Highland Avenue in Needham. Please RSVP for a particular session either online, via this direct web link - https://doodle.com/poll/dvciu8trkcyw8ena , or you can call the Public Health Division directly at (781) 455-7940, Ext. 504, to sign up.

Should you have any questions regarding these training sessions, please do not hesitate to contact Tara Gurge, Assistant Public Health Director, by phone at (781) 455-7940, Ext. 211 or email at tgurge@needhamma.gov. You may also contact Diana Acosta, Environmental Health Agent at (781) 455-7940, Ext. 220 or dacosta@needhamma.gov.

We look forward to seeing you!

Sincerely,

Tara E. Gurge, R.S., C.E.H.T., M.S.
Assistant Public Health Director

Diana C. Acosta, MPH
Environmental Health Agent

cc: Timothy McDonald, Health and Human Services Director

PLAN FOR HEALTH TOOLKIT

Tools and Strategies to Promote Healthy Community Planning and Design

Prepared by the Metropolitan Area Planning Council
for the Norfolk County-8 Public Health Coalition

Acknowledgements

More to be added

This document was produced in collaboration with the Norfolk County-8 Public Health Coalition. Professional technical assistance provided by the Metropolitan Area Planning Council: Jeanette Pantoja, Public Health Planner; Elaine Zhang, Public Health Planner; Barry Keppard, Public Health Director.

This project was undertaken with funds from the District Local Technical Assistance program. MAPC wishes to express our thanks to the Governor and the members of the Legislature for their continued support and funding of this program.

Table of Contents

Introduction

The project and policy decisions made about our neighborhoods and municipalities affect the viability of our environments to support the health and wellbeing of residents. When we make choices that improve our community environments – for example, introduce a supermarket, create transit options or enhance a neighborhood park – the short- and long-term health and wellbeing of people improves.

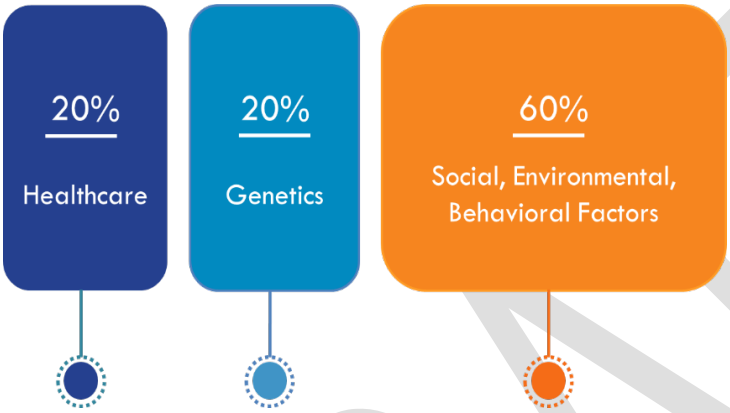
The **Plan for Health Toolkit** is a guide for local public health and planning practitioners interested in working together to promote planning and urban design approaches that achieve better health outcomes for their communities. The Toolkit contains resources to increase awareness and understanding of the connections between health and the built environment and to facilitate the integration of local public health data and expertise into municipal planning and decision-making.

Plan for Health Framework

Why Consider Health in Planning and Design?

More and more evidence shows that how we plan and build communities affects the health and wellness of residents. Although these figures are not exact, collective research focused on the history of the causes of disease suggests that roughly 60% of our health is determined by social, environmental, and behavioral factors shaped by the context in which we live (Figure 1).[1]

Figure 1. Factors responsible for population health



Source: Lauren Taylor, American Health Paradox

The relationship is reinforced by data on the health issues and leading causes of death in the United States. The country is experiencing increasing levels of chronic diseases like obesity and diabetes and more and more people are dying from preventable diseases like heart disease, strokes, and lower respiratory diseases[2]. Yet, it is known that these issues are preventable because they are the result of behaviors, choices, and influences dictated predominantly by one's environment.

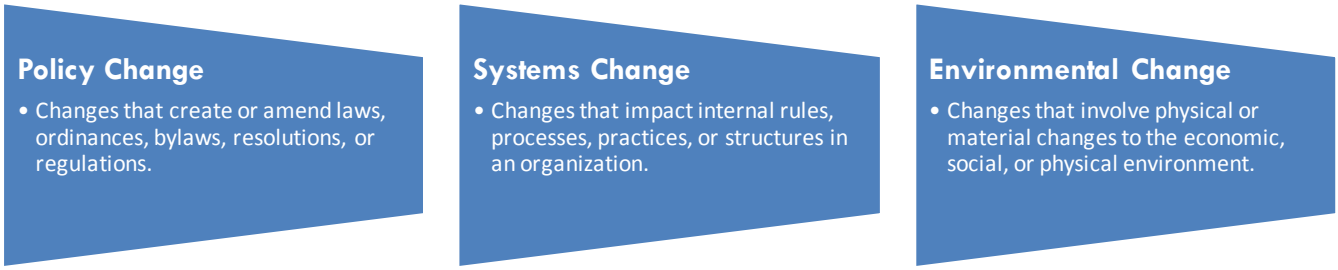
Understanding the connection is important: it provides impetus for developing communities that provide more opportunities for healthy living. Planning plays a key role in engaging community members in developing a vision for the future, setting the conditions for what and where changes will occur, and ultimately creating places which protect and promote health.

Policy, Systems, and Environmental Changes

Public health has often defaulted to trying to intervene with or treat the individual. Approaches that addressed the individual, like personalized walking programs or diets, have had, and continue to have, beneficial effects. Individuals are provide with a guide to healthier choices that they may not have thought of or experienced. While this approach has had effects, it has not alone been enough to reduce the increase in chronic disease at a community or population level. It has also tended to require significant resources, like those needed to keep or expand programs. More recently, public health has begun to adopt a policies, systems, and environmental (PSE) change framework as a parallel intervention (Figure 3).

[1] McGinnis, J. M., Williams-Russo, P., & Knickman, J. R. (2002). *The case for more active policy attention to health promotion.* Health Affairs, 21(2), 78-93.
[2] U.S. Centers for Disease Control and Prevention, *Deaths: Final Data for 2013, Table 10*

Figure 1. Policy, Systems, Environmental (PSE) change frame

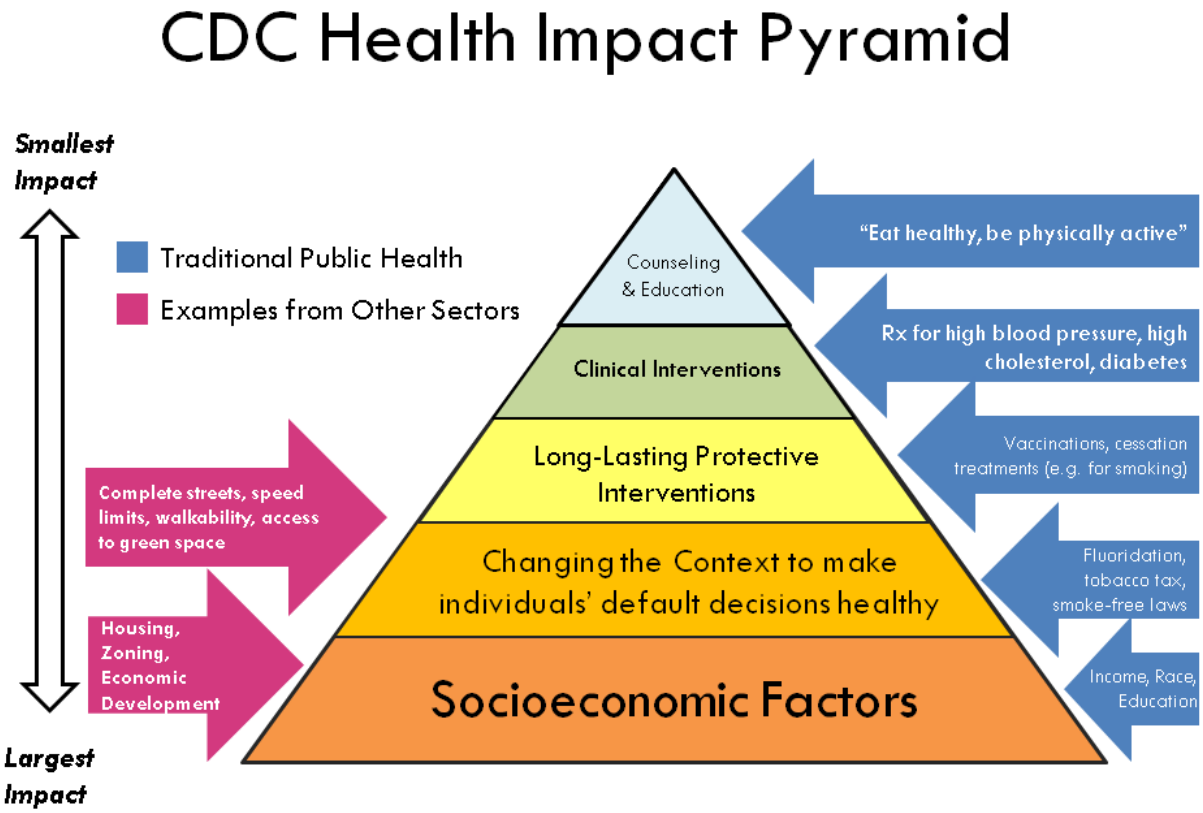


Source: Adapted from The National Association of County and City Health Officials definition of PSE Changes

The PSE framework reflects key public health interventions that work at a population level (Figure 4). It is based on Public Health Pyramid concept, which suggests that community health improvement requires a combination of interventions both within and beyond local public health. It recognizes that when healthy food retail outlets are affordable and accessible by multiple modes of travel, it makes healthy behavior programming significantly more effective.

The Plan for Health Toolkit uses the PSE framework to lay out tools and strategies to support an integrated approach to community and population health improvement.

Figure 2. Health Impact Pyramid – Public Health and non-Public Health Interventions



Source: Adapted from Frieden, Framework for Public Heath Action: The Health Impact Pyramid.

Elements of a Healthy Community

Communities and organizations engaging in healthy community design work indicate a variety of elements that are crucial to creating healthy communities. MAPC identified the following elements, called pathways, to evaluate the health impacts of development proposals in relation to the Healthy Neighborhood Equity Fund, a private equity fund that invests in health promoting transit oriented development. While the elements were developed for transit oriented development, the concepts apply generally.[3]

The following table summarizes recommendations in relation to each pathway, which can be used to identify opportunities to maximize health benefits of planning and design interventions.

[3] Metropolitan Area Planning Council. (2013). *Transit-Oriented Development and Health: A Health Impact Assessment to Inform the Healthy Neighborhood Equity Fund*. Retrieved from: http://www.mapc.org/wp-content/uploads/2017/11/HNEF-HIA-Report-v5_0.pdf

Walkability / Active Transport

RECOMMENDATIONS

Promote density, mixed land-use, availability of destinations and amenities, short distances to transit, bicycle and pedestrian accommodations, and lower ratios of on- and off-street parking into the development design.

POTENTIAL HEALTH IMPACTS

Physical activity, mental health, chronic disease, obesity

Safety from Crime

RECOMMENDATIONS

Incorporate Crime Prevention through Environmental Design (CPTED) strategies into the development design.

Encourage developers to be aware of internal and external pathways/connections to other destinations, particularly for routes to a transit station.

POTENTIAL HEALTH IMPACTS

Injury, physical activity, mental health, real and perceived safety

Food Access

RECOMMENDATIONS

Encourage expanding access to healthy food resources that offer a wide range of affordable goods within walking distance, particularly in areas with low access.

POTENTIAL HEALTH IMPACTS

Nutrition, chronic disease, obesity

Safety from Traffic

RECOMMENDATIONS

Support developments that promote a Complete Streets approach to accommodate safe bicycle, pedestrian and transit trip-making for the new residential and/or commercial development.

Encourage a context-sensitive approach for proposed roadway improvements so that new or reconstructed roads are designed with narrow travel lanes and for slower vehicular speeds.

POTENTIAL HEALTH IMPACTS

Injury, air quality, real and perceived safety

Economic Opportunity

RECOMMENDATIONS

Require or encourage a measure similar to the Boston Redevelopment Authority's Boston Residents Construction Employment Program so that developments result in temporary, and possibly full-time, employment opportunities for residents in the impacted neighborhood.

Encourage the creation of jobs through projects that offer some match to existing education levels or occupational skills of residents in the impacted neighborhood; conversely, encourage the inclusion of job training components of developments in order to assist residents to build skills and take advantage of nearby job opportunities.

POTENTIAL HEALTH IMPACTS

Economic stability

Affordable Housing

RECOMMENDATIONS

Support developments that maintain a diverse housing stock, including affordable income-restricted housing units when appropriate.

POTENTIAL HEALTH IMPACTS

Economic stability

Green Housing

RECOMMENDATIONS

Encourage green housing with particular attention to affordability and indoor air quality.

POTENTIAL HEALTH IMPACTS

Exposure to environmental contaminants, chronic disease

Social Cohesion

RECOMMENDATIONS

Promote developments that seek to enhance the social impact of the public spaces and social/cultural events.

Consider how displacement may dissolve and therefore have a negative impact on existing social networks.

POTENTIAL HEALTH IMPACTS

Mental health

Green Space

RECOMMENDATIONS

Promote expansion, upkeep, and access to green spaces as well as urban trees.

POTENTIAL HEALTH IMPACTS

Physical activity, mental health, air quality

Gentrification /Displacement

RECOMMENDATIONS

Promote the use of anti-displacement strategies between communities and developers such as Community Benefits Agreements.

Promote local regulatory changes that support anti-displacement strategies such as inclusionary zoning, condominium conversion ordinances, and one for one affordable housing replacement ordinances.

POTENTIAL HEALTH IMPACTS

Mental health, economic stability

Air Quality

RECOMMENDATIONS

Encourage air quality analyses associated with increased motor vehicle use. Consider background concentrations.

Monitor air quality during construction and after the development is complete to ensure that air quality levels do not degrade beyond projected levels.

Consider mitigation measures such as reinforcing the bicycle/pedestrian infrastructure or using construction equipment with diesel retrofits.

POTENTIAL HEALTH IMPACTS

Air quality, asthma, other respiratory diseases, and cardiovascular disease

Environmental Contamination

RECOMMENDATIONS

Mitigate or remediate environmental contamination to reduce potential for exposure for residents living and/or working near the site as well as for site workers involved in remediation and construction.

POTENTIAL HEALTH IMPACTS

Exposure to environmental contaminants, childhood blood lead levels, asthma, other relevant chronic diseases

Centering Equity in Healthy Communities Work

Equity is the most frequently cited element among organizations engaging in healthy community work.[4] This pattern should be unsurprising considering the impact that health inequities have on overall population health. Research suggests that addressing social and economic inequality could be more effective in improving population health than the emergence of new medical advances. Yet, inequality is worsening throughout our country and the Metro Boston region, affecting communities of color most severely. [5, 6] Understanding where populations that are more likely to experience health disparities live and prioritizing design interventions in their neighborhoods is imperative to equitable healthy community work.

Inequality contributes to health disparities across place and life course. Serious and chronic health problems are most commonly concentrated in areas with low social and economic opportunity. People living in areas with high rates of poverty can have substantially lower life expectancies than people living in wealthier areas. Low-income residents have fewer financial resources with which to make healthy choices. They are also less likely to have affordable access to healthy foods, parks, decent housing, and job opportunities within their neighborhoods, and are more likely to live near contaminating facilities and land uses. Residents in rural areas may also experience less access to health promoting infrastructure and higher exposure to contaminants from rural industrial land uses.

Health Inequities are the differences in health that are a result of systemic, avoidable and unjust social and economic policies and practices that create barriers to opportunity.

Health Disparities are the differences in health status among distinct segments of the population including differences that occur by gender, race or ethnicity, education or income, disability, or living in various geographic localities.

Virginia Department of Health, 2012.

Individuals with chronic health issues and physical impairments may be particularly disadvantaged in their ability to access health-promoting services and infrastructure. This consideration is particularly important in the Metro Boston Region, which is experiencing a substantial growth in its population of older adults. As the population ages, the number of low-income older adults and people with mobility issues is expected to grow. Inadequate accessibility infrastructure and unaffordable housing and services could compromise their ability to maintain their health and participate fully in society.

Equity Resources:

State of Equity for Metro Boston Policy Agenda

Robert Wood Johnson Foundation Neighborhood Life Expectancy Calculator

[4] Foley, Judi. (2013). *Defining Healthy Communities.* Health Resources in Action. Retrieved from: https://hria.org/wp-content/uploads/2016/10/defininghealthycommunities.original.pdf
[5] Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. (2013). *Health in All Policies: A Guide for State and Local Governments.* American Public Health Association and Public Health Institute. Retrieved from: http://www.phi.org/uploads/files/Health_in_All_Policies-A_Guide_for_State_and_Local_Governments.pdf
[6] Metropolitan Area Planning Council (2018). State of Equity for Metro Boston Policy Agenda

Healthy Community Planning and Design Principles

The following principles were developed for the publication Creating Healthy Neighborhoods: Evidence-based Planning and Design Strategies as a way to communicate to planners, policy makers, and civic leaders how a health lens can help improve places, plans, and projects.[7]

Principle 1: Importance*

The first principle is to examine how much health may matter in the neighborhood or district. This principle is focused on preparing to do the work by investigating if health is an issue of concern in a neighborhood or district, identifying what kinds of health concerns are raised, and considering if anything is likely to be done from an assessment.

Principle 2: Balance*

Make healthier places by balancing physical changes with other interventions to appeal to different kinds of people. This is about understanding how change occurs, particularly that big changes need to have many strategies happening all at once, make informed trade-offs, and demonstrate an understanding of scale and the pathways from environments to health.

Principle 3: Vulnerability**

Plan and design for those with the most health vulnerabilities and fewest resources for making health choices. The aim is to help undo disparities in how long people live and how healthy they are with a particular focus on the young, the old, those with disabilities, and those who are disenfranchised, such as refugees, marginalized ethnic groups, and those with low incomes.

Principle 4: Layout**

Foster multiple dimensions of health through overall neighborhood layout. This area focuses on the big moves in setting out a neighborhood or district in terms of the locations of activities, distribution of people, the street and path configurations, and green space arrangements.

Principle 5: Access**

Provide options for getting around and increasing geographic access. Meeting the mobility and geographic accessibility needs of an entire district or neighborhood is a challenge, so the key is to provide options.

Principle 6: Connection**

Create opportunities for community members to interact with each other in positive ways. Neighborhood planning and design can support and supplement the common interests, households and family ties, and events that bring people together; can increase people's sense of belonging in their communities; and enhance informal control of antisocial activities.

Principle 7: Protection**

Reduce harmful exposures at a neighborhood level through a combination of wider policies and regulations along with local actions. Reducing harmful exposures is a basic principle of healthy

[7] Forsyth, A., Salomon, E., Smead., L. (2017). *Creating Healthy Neighborhoods: Evidenced-based Planning and Design Strategies.* Chicago, IL: American Planning Association.

planning— reducing contaminants or hazards at the source, buffering people from exposure, and skillfully designing to mitigate problems.

Principle 8: Implementation*

Coordinate diverse actions over time. Implementation is key. Large changes in how environments can support health require multiple strategies. These are not just changes to physical places but how people use those places.

* *These principles address issues that any planning and design process needs to go through, though have been modified with an eye to how health can make a difference.*

***These principles draw on evolving research on the connections between heath and place related to issues such as urban form, housing, transportation, open space, and infrastructure.*

For more information on the key principles of healthy community design, please refer to "Creating Healthy Neighborhoods Evidence-Based Planning and Design Strategies."

Building a Foundation for Greater Collaboration

Creating a healthy community, one in which residents are empowered to make healthy decisions supported by infrastructure, programming, and information, requires many actions across various scales and involving individuals and organizations with diverse expertise and responsiblities. Nurturing collaboration across these diverse actors is critical, but it is also important to recognize that collaboration is built over time and takes many forms, from discrete actions to shared projects and strategic planning. Below is a list of strategies to support intersectoral relationship building.[8,9]

Informally Disseminate Information and Ideas

Many people already have some intuitive understand about the relationship between health and the built environment, but sharing information on the connections and relevant interventions could help deepen potential partners appreciation and help motivate relationship building. Sharing factsheets, reports, case studies, and relevant media can be an inexpensive and easy way to build knowledge within your agency and community. As you share information, ensure to:

+ Use Various Approaches. Public agencies have various ways that they can share information internally and with the public. Integrate messages about health and the built environment into existing public health communication efforts (including, social and print media). Host "Lunch and Learn" events as informal venues to share insights about a relevant project or invite outside experts or a community group to speak on a healthy community topic.

+ Make It Spatial. Public health departments regularly collect data with planning and design implications. Highlighting spatial patterns or displaying data visually, such as a map showing

This section referenced strategies described in the following works:
[8] Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. (2013). *Health in All Policies: A Guide for State and Local Governments.* American Public Health Association and Public Health Institute. Retrieved from: http://www.phi.org/uploads/files/Health_in_All_Policies-A_Guide_for_State_and_Local_Governments.pdf
[9] Stair, P., Wooten, H., and Raimi, M. (2012). How to Create and Implement Healthy General Plans. ChangeLab Solutions and Raimi + Associates. Retrieved from: https://changelabsolutions.org/sites/default/files/Healthy_General_Plans_Toolkit_Updated_20120517_0.pdf

prevalence of disease in relation to different land uses, can help further illustrate the relationship between health and built environment or help to target interventions.

+ Use common language. All disciplines have their respective jargon. Information sharing be inclusive of potential partners' knowledge levels. Provide definitions and examples or use language that can be readily understood.

Listen and Learn to Facilitate Trust

Collaboration requires trust, and potential partners need to be able to see how partnering on healthy community efforts will add value to their own work. Some people may be relucant to engage because of perceptions about duplication of efforts, loss of authority or autonomy, or added workload. Recognize the expertise of potential partners and invest time in learning about partners' goals, priorities, concerns, motivations, and processes.

+ Learn about the planning process. Be proactive in learning about partners' planning processes to identify opportuntifies to provide a supporting role (generally, earlier is better) and to understand the procedural constraints that might inhibit partners' ability to collaborate or integrate additional approaches or recommendations.

+ Pay attention to context. Partners may be reluctant to collaborate because of perceived political repercussions, past experiences with sensitive or controversial topics, or any number of other issues. Be open to these concerns and ensure that collaborative efforts do not inadvertenly undermine partners' priorities or goals.

+ Identify partners' priorities and determine which affect health. Seek to understand partners' priorities and how health considerations can make relevant goals easier to achieve. Presenting a collaborative opportunity as something that will help partners advance their own priorities is a clearer incentive than attempting to engage partners' in work that is unrelated to their priorities.

Practice Reciprocity

Sustained collaboration requires an oppenness to committing time and resources to helping a partner achieve a goal without the assurance of an immmediate return. These moments of generosity can help build appreciation for the value add of the relationship and additional expertise, which are necessary ingredients for capacity-building around shared issues and continued engagement.

+ Offer Help and Solicit Feedback. Beyond sharing information and resources, partners can offer to review grants, provide comments on a proposal or plan, serve on committees, provide testimony in support of a partner's proposal, or assign an intern to a partner's project, etc. Conversely, this participation can be encouraged by inviting partners to provide feedback or engage in a new or ongoing agency initiative.

Empower Community

Ultimately, potential partners have a shared interest achieving the best outcomes for the community in which they are working. Any effective healthy community collaboration is responsive to community priorities and needs, and ideally, integrated with community-led healthy place-making and organizing activities.

+ Engage in two-way communication. Ensure public agency healthy community planning and design efforts are broadly accessible to the community. Information and opportunities to engage

should be linguistically, culturally, and physically accessible. Invest additional time and resources to ensure efforts engage residents with the greatest health disparities. Work with community to co-create a vision for healthy community efforts, including identifying specific issues that are important to the community, collecting additional data if necessary, and identifying opportunities to implement actions alongside residents and community groups.

+ Recognize positive action. In almost any municipality, residents and community groups have been advancing intersectoral healthy community planning and design work through organizing, education, and place-making efforts in advance of agency initiatives. This work may appear as mobilization around individual healthy community indicators – affordable housing, healthy food access, safe pedestrian and bicycle mobility – but can provide a helpful template and external motivation for inter-organizational collaboration. Find out who is engaged in these efforts, give them credit, and provide informal and formal (funded) opportunities for them to help advance additional efforts.

Pursue Shared Goals

Discussing values, goals, and priorities early in a collaboration to identify overlap can help ensure that partners pursue strategies that provide mutual benefit to everyone involved. Additionally, the solutions to community's priority issues are rarely rooted in the work of a single department or agency. Identifying opportunities to advance shared goals and collectively move a community priority can help to establish and sustain both internal and external support for the collaboration over time.

+ Identify co-benefits of healthy planning and design. Fortunately, many healthy community planning and design strategies help to improve public health outcomes, while also providing benefits for environment and community and economic development.

Example of Healthy Planning and Design Co-Benefits

Healthy Planning and Design Strategies	Impact to Public Health	Impact to Community/ Economic Development and Environment
Improving infrastructure to support walking, biking, and transit use	- Increased physical activity - Reduced risk of traffic-related injury - Improved air quality through fewer vehicle trips	- Reduced vehicle traffic congestion - Increased foot traffic for local businesses - Allows municipality to repurpose land for higher priority uses such as housing or retail - Improved air quality - Greenhouse gas reduction
Expansion and upkeep of green space and urban tree canopy	- Increased physical activity - Reduced risk of heat-related illness through improved to ambient cooling - Improved mental health from exposure to green vegetation and spaces for socialization - Improved air quality	- Improved air quality - Improved water quality through storm water reduction and filtration - Energy savings and greenhouse gas reduction - Increased property values

Collaboration Resources:

American Planning Association and National Association of County & City Health Officials Public Health Terms for Planners and Planning Terms for Public Health Professionals

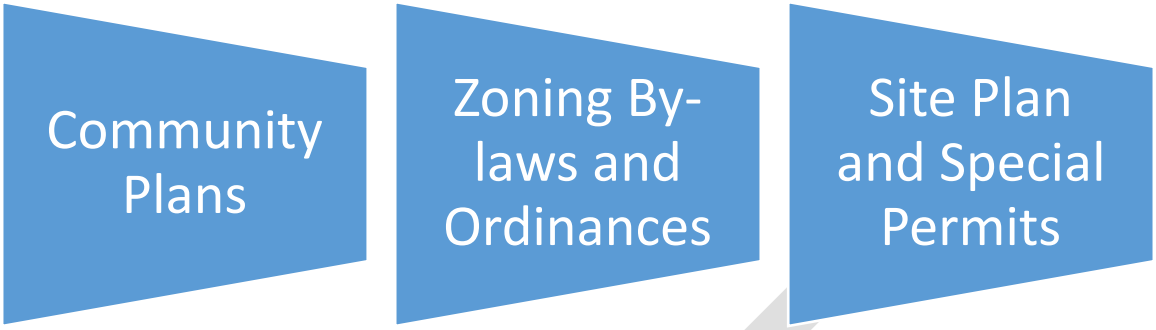
MAPC Community Engagement Guide

Association of State and Territorial Health Officials Health in All Policies Strategies to Promote Innovative Leadership

Public Health Institute Health in All Policies: A Guide for State and Local Government

ChangeLab Solutions How to Create and Implement Healthy General Plans

Planning Levers to Promote Health



Community Plans

Master Plans

A master plan is a dynamic long-range planning document that provides a conceptual layout to guide future growth and development of a city or town based on the community's vision and goals. A master plan includes analysis, recommendations, and proposals for a site's population, economy, housing, transportation, community facilities, and land use. It is based on public input, surveys, planning initiatives, existing development, physical characteristics, and social and economic conditions. Massachusetts law requires that all municipalities prepare a master plan but does not state how often the plan must be updated. Producing a master plan is an expensive endeavor, so these plans are typically updated every decade or so.

The law requires the inclusion of specific chapters or elements in a master plan:

- Statement of goals and policies;
- Land use;
- Housing;
- Economic development;
- Natural and cultural resources;
- Open space and recreation;
- Services and facilities;
- Circulation; and
- Implementation.

Municipalities can elect to - and often do - include additional chapters focusing on an area of unique interest to the community (for example, sustainability). Public health focused chapters are more common in the master planning practices of other states, but there has been increased interest locally in the last few years. Regardless, public health data and expertise can be integrated throughout the plan.

Master Plan Resource: Creating a Master Plan for Your Community Presentation

Example of a Health and Wellness Element: Wellesley Health Element

Neighborhood Plans

Neighborhood plans focus on one or a small number of neighborhoods within a municipal boundary. Neighborhood planning typically involves defining a study area, examining its existing conditions, determining its strengths and weaknesses, and working with its stakeholders (residents, business owners, and leaders) in order to determine how to influence future change toward a common goal or vision. There are no legal requirements for neighborhood plans. They can involve a wide array of topics covering physical improvements (streetscape improvements, residential and retail/office development projects, new parks/roads) as well as intangible quality-of-life community development goals: workforce development, youth recreation and development, and housing security and stability.

>> BEST PRACTICE >>

Encourage your board members and community health advocates to join a **Plan Steering Committee**.

A plan steering committee advises on the development of the plan, sometimes even writing part of the plan. It ensures that the implementation of the plan is consistent with the plan's long term vision and goals. The steering committee also fosters inclusion in the planning process through dialogue and communication with community stakeholders.

Issue Specific Plans

Less inclusive than a master plan, these plans most often focus on a defined set of public resources. They include open space and recreation plans, housing production plans, arts and culture plans, climate and clean energy plans, food systems plans, etc. There are many precedents for the integration of public health into these types of plans and many organizations, including MAPC's Public Health Department, have collected expertise on how to evaluate these plans for public health linkages and integrate health expertise into the plan analysis and strategies. Regulatory requirements and incentives make Housing Production Plans (HPPs) and Open Space and Recreation Plans (OSRPs) among the most common of these plan types.

+ Housing Production Plans help municipalities better understand local housing need and demand, development constraints and opportunities, and their vision for the future housing landscape. They must be approved by the Department of Housing and Community Development (DHCD) and are valid for a five-year period. DHCD sets a 10% affordable housing goal for communities. The HPP is a municipality's proactive strategy for planning for new affordable housing to meet that goal.

HPP Resources: Chapter 40B Housing Production Plan

HPP with Healthy Community Strategies: Arlington Housing Production Plan

+ Open Space and Recreation Plans serve as road maps for municipalities' decisions on open space budget and recreation activities to ensure that the needs of the community are met. Through a public process, the community's needs are identified, and goals and action steps to address those needs are developed. OSRPs must be approved by Executive Office of Energy and Environmental Affairs (EOEEA), Division of Conservation Services (DCS) and are valid for seven years. Once completed and approved by DCS, an Open Space and Recreation Plan makes a community eligible for open space state and federal grant aid.

OSRP Resources: OSRP Requirements + OSRP Workbook

OSRP with Healthy Community Strategies: Revere Open Space and Recreation Plan

Zoning By-Laws and Ordinances

Zoning is the primary tool through which municipalities control the mix of uses, density, and design features of development within a community. At minimum, a municipality's zoning documents contain definitions for the types land uses allowed within the community, conditions under which those uses are allowed, and procedures that regulate development approval process. Maps representing different districts (i.e. zones) in which specific rules apply also invariably accompany these documents.

Zoning by-laws and ordinances are not static documents. Municipalities may change their zoning laws in response to a specific development proposal, but in most communities zoning changes are procedurally difficult. In Massachusetts municipalities, a two-thirds supermajority vote is necessary to make zoning changes, a threshold that is difficult to achieve in many communities. However, most communities recognize that zoning is an important tool for advancing the vision and goals contained in community plans. Zoning changes most often follow the adoption of those plans.

One of the original motivations for the emergence and widespread adoption of zoning laws was the desire to separate residences from health-harming land uses, such as heavy industry. Single-use zoning, which separates almost all uses, is the most common form of zoning today. Zoning continues to be a valuable tool for separating homes from polluting land uses, but there is now considerable evidence suggesting that single-use zoning may be inadvertently creating other barriers to the design of healthier communities.[10,11] Especially in lower-density communities, many local zoning by-laws encourage driving and discourage walking, biking, and transit access by placing residential areas far away from community-serving land uses, such as schools, retail, and employment centers. Zoning can also limit the range of housing options in a community, making it difficult for low-income families to find an affordable home or for older adults to downsize or find accessible homes within their community.

>> BEST PRACTICES >>

+ Encourage denser, mixed-use development especially in village centers and near transit to promote physical activity and provide easier access to good and services

+ Allow a greater mix of housing types and sizes to accommodate households of different ages, sizes, and incomes.

+ Buffer homes and community-serving land uses from sources of pollution, including heavy industry, highways, and major roads.

+ Integrate visitability standards into new residential and commercial developments to ensure ease of access for people with mobility issues.

+ Preserve agricultural land uses and ensure farmer's markets and community gardens are permitted uses to promote local food production and healthy food access.

[10] Stair, P., Wooten, H., and Raimi, M. (2012). How to Create and Implement Healthy General Plans. ChangeLab Solutions and Raimi + Associates. Retrieved from: https://changelabsolutions.org/sites/default/files/Healthy_General_Plans_Toolkit_Updated_20120517_0.pdf

[11] Sallis et al. (2015). *Co-Benefits of designing communities for active living: an exploration of literature*. International Journal of Behavioral Nutrition and Physical Activity

Site Plan and Special Permit Review

Site Plan

Site plan review establishes criteria for the layout, scale, appearance, safety, and environmental impacts of commercial, industrial, or in some cases, residential development, in an attempt to "fit" larger projects into the community. Site plan review usually focuses on environmental, health, walkability, architectural compatibility, urban design and other aspects of the proposal to arrive at the best possible design for the location.

Because site plan review is not expressly provided for under the Massachusetts Zoning Act, the practice and procedures vary widely among municipalities. Site plan approval is typically reserved for the most impactful projects in a community, and must be obtained before the building or special permit is issued. However, it is not a tool for deciding what uses should or should not be allowed. Land uses are regulated by a municipalities' by-laws or ordinances. Denial of a site plan happens only in exceptional circumstances. Site plans are more commonly approved with "reasonable conditions." These conditions may include, but are not limited to:

- Disposal and screening of solid waste;
- Time limits on construction and noise;
- Limitations on signage;
- Performance and maintenance guarantees;
- Landscaping requirements;
- Layout of parking;
- Pedestrian and bicycle facilities on-site and along the street frontage;
- Sidewalk connections and extensions;
- Dust control;
- Sewer connection and storm water systems; and
- Hours of operation.[12]

Site Plan Resources: Site Plan Review Overview

>> BEST PRACTICE >>

Create or participate in your municipality's **Inter-Departmental Project Review Process**.

Inter-Departmental Reviews provide a forum for informal discussions among municipal staff and project applicants prior to submission or early in the Site Plan or Special Permit review process. Participants can identify technical problems in preliminary designs and discuss ways to resolve the issues early in the design stages, saving both the municipality and applicant time and resources. Participants can also use this opportunity to educate project applicants about healthy community design strategies and encourage their integration.

Pioneer Valley Planning Commission Healthy Community Design Toolkit Inter-Departmental Project Review Process Factsheet

[12] Zehner, M. (2018). *Citizen Planner Training Collaborative: Site Plan Review*. Presentation, Bellingham.

Special Permits

Special permits allow local governments increased flexibility in deciding whether or not to allow a specific land use. Projects that are allowed by "special permit" undergo additional scrutiny for their perceived impacts to the community. Local governments can choose to impose conditions on the approval of the special permit, including site plan review, or deny the project altogether. By law, all review decisions must be defensible and in service of the health, safety, or wellbeing of the community. Site plan review is often done in conjunction with special permit review.

The Citizen Planner Training Collaborative (CPTC) is a collaboration of citizens, nonprofits and government agencies dedicated to providing essential training to citizens involved in municipal planning and land use decision making. CPTC hosts over 20 in-person workshops around the state every fall on core planning subjects like subdivision control, site plans, and zoning. Online trainings and additional background resources can be found on the website. CPTC also holds an annual conference touching on additional subjects. The 2019 conference included a session on healthy community design, for which materials can be found on the website.

For more information visit the CPTC Website.

Plan for Health Plan Review Checklists

The Metropolitan Area Planning Council (MAPC) prepared the checklists below as part of its work on the Plan for Health Toolkit, a technical assistance project done in collaboration with the Norfolk County-8 Public Health Coalition. The checklists summarize some of the most commonly included health strategies and recommendations within municipal plans and design guidelines for specific development proposals. Several precedents of healthy community-focused plan review checklists exist for community plans, some of which are more comprehensive and therefore longer than others, including the one developed for this toolkit. In lieu of any precedents for site plan review checklists, MAPC staff relied on healthy building design guidelines to develop the site plan review checklist in this toolkit.

Both checklists can be used to evaluate plans and development projects for health factors during and after the completion of the plan or projects. Practitioners are advised to use these checklists to evaluate past plans and existing developments, to help identify gaps in past planning processes and establish priorities to inform engagement in future planning processes or site plan reviews.

Community Plan Checklist STREAMLINED VERSION

A streamlined version of the checklist is included within the document for quick reference. A more comprehensive version can be found in the appendix. The checklists are organized to conform to the required chapters in Massachusetts municipal master planning documents. However, it should be noted that master plan drafting practices vary among municipalities and specific topics may be discussed in several alternative chapters (e.g. brownfield site strategies may appear in the Land Use chapter, Economic Development chapter, or both). Individual sections of the checklist could also be used to evaluate neighborhood or issue specific plans. For example, the Natural and Cultural Resources section and Open Space and Recreation section could be used to evaluate an Open Space and Recreation Plan.

Questions for All Sections

	YES	SORT OF	NO	N/A	COMMENT
There is explicit language connecting the plan to human health.					
The explicit mentions of human health do more than just recite phrases like "protect health, safety, and welfare." The plan makes a more substantial link to health, backed up by data and linked to specific goals.					
The plan addresses how the plan or specific goals may influence health outcomes among different types of people, specifically older adults, children, low-income residents, or people with disabilities.					

1. Land Use

	YES	SORT OF	NO	N/A	COMMENT	RESEARCH BRIEFS
1.1 The plan encourages sufficient residential or employment density to ensure development supports different transportation options and access to local services. This can						Accessibility, Physical Activity

be overall density or density clustered in centers (in small towns or rural areas).						
1.2 The plan includes mixed-use residential, commercial, and office development to encourage transportation related walking.						Accessibility, Physical Activity, Mental Health, Social Capital
1.3 The plan includes different housing types and tenures to accommodate households of different ages, sizes, and incomes (e.g. accessory dwelling units, multifamily homes, housing with services).						Affordable Housing, Social Capital, Aging
1.4 The plan promotes access to affordable healthy food retailers/sources of fresh produce throughout the municipality. Acceptance of SNAP is used as a proxy for affordability.						Food Options
1.5 The plan encourages adequate separation of residential areas, schools, day care facilities, playgrounds, and sports fields from highways, major roads, and industry. These areas should be buffered by more than 500 meters for best health outcomes.						Air Quality, Noise, Housing

4. Open Space and Recreation

	YES	SORT OF	NO	N/A	COMMENT	RESEARCH BRIEFS
4.1 Adequate tree canopy is planned for parks, open spaces, and streetscapes. It is recommended that tree canopies provide at least 50% canopy coverage in the area of interest.						Mental Health, Climate Change
4.2 The plan includes strategies to ensure all existing and planned residential areas are within a reasonable walking						Accessibility, Physical Activity

distance (optimally 400-600 meters) of a park, playground or other form of useable open space? The quality of urban design can influence and extend the distances that people are willing to walk between destinations.						
4.6 The plan provides for a variety of open spaces (e.g. parks, greenways, wilderness) and recreational facilities with varied functions and users to achieve different, and hopefully multiple, health outcomes.						Accessibility, Physical Activity, Mental Health
4.7 Amenities (such as seating, public toilets, drinking fountains, shade, and baby changing facilities) are planned to encourage use of open spaces by a wide range of user groups.						Accessibility, Physical Activity, Aging
4.11 The plan includes adequate lighting in parks and other public areas to enhance safety at night and extend opportunities for physical activity into the evening. It is recommended that pedestrians have visibility of at least 200 meters.						Safety, Physical Activity
4.13 The plan includes strategies to ensure green spaces, walking paths, and recreational facilities remain clean and in good repair.						Safety

6. Circulation

	YES	SORT OF	NO	N/A	COMMENT	RESEARCH BRIEFS
6.4 The off-street trail system is planned to serve all residential neighborhoods. Suggested distances to an off-street trail system from residential areas is 400-600 meters.						Accessibility, Physical Activity
6.5 The plan incorporates complete street and traffic calming concepts and strategies (e.g. road diets, curb extensions, medians, and speed bumps).						Accessibility, Physical Activity, Safety

6.6 For streets with high rates of pedestrian/bicyclist use, speed limits are currently or planned to be at or below 30 mph (preferably 20 mph).						Accessibility, Physical Activity, Safety
6.7 The plan includes strategies designed to provide adequate street lighting along all streets and outdoor pathways, to improve safety and encourage evening use.						Accessibility, Physical Activity, Safety
6.8 The plan encourages pedestrian and bicycle pathways to link to key destinations such as residential areas, open space, schools, shops, employment areas, athletic fields, public transit stops and hubs.						Accessibility, Physical Activity
6.9 The plan incorporates adequate wayfinding infrastructure along pedestrian and bicycle pathways (e.g. signposts providing directions, distances, and times to various destinations).						Accessibility, Physical Activity, Aging

Community Plan Checklist Precedents/Resources:

Design for Health Comprehensive Plan Review Checklists

Health and Places Initiative Health Opportunity Checklist

Center for Active Design NYC Active Design Guidelines

New South Wales Government Healthy Urban Development Checklist

Pioneer Valley Planning Commission Healthy Community Design Toolkit

ChangeLab Solutions How to Create and Implement Healthy General Plans

Site Plan Review Checklist

The Site Plan Review Checklists can be used to evaluate building envelope and development site conditions for opportunities to enhance the ability of the site to promote the health of future site occupants and visitors. It is important to recognize that site plan review is a limited tool. It is not effective for regulating land uses, site plans can only be rejected under rare circumstances, and conditions must be considered reasonable. As such, it is important to take advantage of opportunities to communicate healthy community design recommendations early in the planning and design stages, such as through a inter-departmental pre-application conference with developers.

2. Accessibility and Physical Activity

	YES	SORT OF	NO	N/A	COMMENT	RESEARCH BRIEFS
1.1 The site is served by existing sidewalks or the design incorporates an expansion of the sidewalk network.						Physical Activity, Accessibility
1.2 The plan ensures existing and/or proposed sidewalks are continuous, well-maintained and free of cracks or tripping hazards.						Physical Activity, Accessibility, Aging
1.3 The design promotes continuity of pedestrian movement from public sidewalks through the site and into the building, through well connected sidewalks and on-site pathways.						Physical Activity, Accessibility
1.4 Where block sizes are large, the design includes pedestrian pathways through existing blocks.						Physical Activity, Accessibility
1.5 Where applicable, the site maintains dedicated pedestrian and bicycle paths on dead-end streets to provide access even where cars cannot pass.						Physical Activity, Accessibility
1.6 Pathways meet and exceed all relevant accessibility codes for stairs, ramps, and handrails. Sloped surfaces have proper support such as handrails on both sides. Pathways are sufficiently wide and have curb cuts and turning radii adequate for a wheelchair or walker.						Physical Activity, Accessibility, Universal Design
1.7 Proposed pathway materials are slip resistant and unlikely to create mobility barriers. Gravel, which can be difficult for wheelchairs to navigate, is not used for pathways.						Aging, Mobility and Universal Design

1.8 Pathways minimize vertical transitions. Low-rise stairs are easier to navigate if steps are unavoidable. A bright colored strip at the surface edge can help designate a change in plane.						Aging, Mobility and Universal Design
1.9 The site accommodates adequate parking and loading areas for drivers or passengers with disabilities. An appropriate share is about 3-5% of spots or at least 1 spot in smaller lots. The share should be higher in locations more likely to be frequented by people with disabilities (e.g. health facilities, elderly housing).						Physical Activity, Accessibility, Aging
1.10 The design provides for sufficient on-site bicycle parking and bicycle storage (in places of employment and residential buildings).						Physical Activity, Accessibility
1.11 Bike storage is secure, protected from weather and does not require lifting the bike to lock in place (not wall or ceiling mounted racks).The path required to get to the bike storage area does not have stairs or other obstacles. Bike racks at ground level are preferred.						Physical Activity, Accessibility
1.12 The design provides new open or natural space, or improves access to open spaces or off-road trails. This is especially important in areas with limited open space.						Physical Activity, Mental Health, Aging, Safety
1.13 The design includes adequate trees canopy coverage along pathways and resting areas to provide relief on hot days and promote physical activity.						Physical Activity, Accessibility, Climate Change
1.14 The plan includes wayfinding signage that is highly visible and easy to read.						Physical Activity, Accessibility, Aging

3. Safety from Traffic

	YES	SORT OF	NO	N/A	COMMENT	RESEARCH BRIEFS

2.1 Street parking or landscaped strips along the sidewalk provide a buffer between moving traffic and pedestrians.						Safety, Physical Activity
2.2 Vehicular driveways and ramps minimize contact between cars and pedestrians.						Safety, Physical Activity
2.3 Mid-block vehicular curb cuts are avoided where possible.						Safety, Physical Activity
2.4 The plan seeks to reduce car use by reducing parking requirements and/or supporting shared parking and car services.						Air Quality, Physical Activity
For sites with internal private streets:						
2.5 The design integrates traffic calming measures and safety features (e.g. bulb outs, pavement surface changes, speed bumps, raised intersections, roadway jogs).						Safety, Physical Activity
2.6 Crossing areas are distinct with pavement markings and changes to surfacing. Reflective or glow in the dark paint markings are more visible to cars and people crossing at night.						Safety, Physical Activity
2.7 There are plans to provide reflective and brightly colored signage for both people crossing and cars. Signage can be located on the ground as a reminder to look up and check for traffic, or pole mounted where it is easy for both cars and pedestrians to read.						Safety, Physical Activity

4. Age Friendly and Accessible Buildings

	YES	SORT OF	NO	N/A	COMMENT	RESEARCH BRIEFS
3.1 Building signage has easy-to-read, large text. Building address is easy to locate.						Accessibility, Aging
3.2 Building entrance is well lit and clearly visible from the street.						Accessibility, Aging, Safety
3.3 Main entry has hands-free doorway operation. Doorway has flush threshold or maximum of ½ inch beveled door transition.						Aging, Universal Design

3.4 If additional entry doors are present, the hardware is push or lever style and a surface is installed to place packages while opening door from outside.						Aging, Universal Design
3.5 In residential buildings, keycard or security code entry can be easily accessed by residents in a wheelchair or from standing position. Visitor intercom, doorbell or buzzer is at accessible height. Resident and visitor access keypads have adequate lighting for readability.						Aging, Universal Design
3.6 Minimum 36-inch wide doors or a 32-inch door with off-set hinges.						Aging, Universal Design

5. Safety

	YES	SORT OF	NO	N/A	COMMENT	RESEARCH BRIEFS
4.1 Pathways are well lit for safety and all day physical activity, however, not over lit to the point of causing glare.						Safety
4.2 Buildings are designed so occupants can maintain surveillance over their surroundings, such as through terraces and windows.						Safety
4.3 Public and private spaces are clearly delineated so that boundaries are clear.						Safety

6. Pollution Buffers and Sustainability Features

	YES	SORT OF	NO	N/A	COMMENT	RESEARCH BRIEFS
6.1 Homes, schools, and daycare facilities are adequately separated from highways, major roads, and industry. If closer than 500 meters, sites are designed to limit exposure to dust and noise.						Air Quality, Noise, Housing
6.2 The plan details procedures to minimize construction impacts, such as noise, odors, dust, and vibrations.						Air Quality, Noise

6.3 The plan includes procedures and design for adequate disposal and screening of solid waste.						
6.4 The plan details procedures and practices to reduce traffic-related impacts during and after construction (e.g. alternative truck routes, shared parking).						Air Quality
6.5 The development is located in an area with existing water and sewer infrastructure or where it is planned to occur with development.						Water Quality
6.7 The design integrates low impact development/green infrastructure strategies (e.g. bioretention/rain gardens, permeable pavements, swale systems) to improve water quality and prevent ponding.						Water Quality, Climate Change
6.8 The design includes strategies to ensure that buildings and spaces reduce energy needs in winter and summer seasons (e.g. building orientation, ventilation, shading, landscaping).						Aging, Air Quality, Mental Health, Climate Change

Site Plan Review Precedents/Resources:

Design for Health Comprehensive Plan Review Checklists

Health and Places Initiative Health Opportunity Checklist

Center for Active Design NYC Active Design Guidelines

Enterprise Aging in Place Design Guidelines

Research Briefs

Harvard Health and Places Initiative Research Briefs

The Health and Places Initiative created and synthesized evidence on the links between landscape, urban design, planning and health. The research briefs represent a comprehensive literature review of hundreds of studies, which was conducted between 2014 and 2015.

HAPI Research Briefs

MAPC Healthy Community Design Info Bank

MAPC developed the brief literature reviews included within this resource as part of its work on the 2013 Healthy Neighborhood Equity Fund Health Impact Assessment (HIA). Additional research briefs can be found within the HIA document.

Healthy Community Design Info Bank

Healthy Neighborhood Equity Fund HIA

Design for Health

These research summaries were typically written in the 2007-2008 period and focus on providing an overview of the balance of evidence about the connections between health and environments.

Key Questions Research Summaries

Health and Built Environment Topics Reviewed by Source

	Health and Places Initiative Research Briefs (2015)	MAPC Healthy Community Design Info Bank (2013)	Design for Health Research Summaries (2008)
Air Quality	X	X	X
Climate Change	X		
Disasters	X		
Housing	X		X
Noise	X		X
Toxics	X	X	X
Water Quality	X		X
Access to Community Resources	X		X
Geographic Healthcare Access	X		X
Social Capital/Cohesion	X	X	X
Food Options	X		X
Green Space and Mental Health	X	X	X
Physical Activity	X	X	X
Safety from Traffic and Crime	X	X	X
Mobility and Universal Design	X		
Aging	X		
Economic Opportunity		X	

Health Data and Mapping Tools

Digital & Interactive Resources

Tool Type	Tool Name	Organization	Description
Data	MassGIS Oliver	Massachusetts Bureau of Geographic Information	An interactive mapping tool that allows the user to turn-on various data layers to create a custom map. This mapping tool provides information on many environmental resource areas including Areas of Critical Environmental Concern (ACEC), Estimated and/or Priority Habitat of State-Listed Rare Species, Outstanding Resource Waters, coastal zone, Chapter 91 jurisdictional areas, protected open space, and wetlands.
Data: land use	Massachusetts Interactive Property Map	Massachusetts Bureau of Geographic Information	This map was developed my MassGIS and enables developers, banks, realtors, businesses, and homeowners to view seamless property and tax information across the Commonwealth
Transportation	MassDOT Road Inventory	Massachusetts Department of Transportation	This interactive website identifies roadways that are under the jurisdiction of MassDOT and/or DCR. Click on the "Maps" button in the upper right hand of the screen and select "Jurisdiction" to view jurisdictional roadways.
Transportation	Massachusetts Complete Streets Funding Program Participation	Massachusetts Department of Transportation	Interactive map that allows users to view the program participation levels of each municipality. Users can also click on the participating municipalities to view their program documents.
Health: aging	Massachusetts Healthy Aging Collaborative State Maps	Massachusetts Healthy Aging Collaborative	These maps present healthy aging indicators to allow viewers to observe patterns, strengths, and challenges across the commonwealth.
Health: aging	Massachusetts Healthy Aging Collaborative Interactive Map	Massachusetts Healthy Aging Collaborative	Interactive map where users can see the percent of chronic diseases within individual municipalities

Open space	Masstrails BIG MAP	MassTrails	This interactive map allows users to see every rail-trail map in Massachusetts and highlights open spaces.
Open space	MAPC Trailmap	Metropolitan Area Planning Council	A comprehensive map of foot trails and bike paths across Metro Boston.
Data: land use	MassBuilds	Metropolitan Area Planning Council	MassBuilds is a detailed, visual database with information on real estate developments in the Greater Boston region. MassBuilds has specific details about real estate developments including but not limited to: project status, estimated year of completion, commercial square footage, number of housing units, number of parking spots, total stories and/or height, and a brief description for each development.
Data: land use	Local Access Score	Metropolitan Area Planning Council	Interactive map to help communities prioritize sidewalk and bike route improvements on the most useful connections between residents and important local destinations.
Health	County Health Rankings	Robert Wood Johnson and University of Wisconsin Population Health Institute	Annual county health rankings that measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and eater, income inequality, and teen birth rates.
Open space	Park Serve	The Trust for Public Land	Park Serve provides user with a comprehensive standardize database of local parks in 13,913 cities, towns, and communities. This platform measures and analyze the percent of residents who live within a 10-minute walk to a park.
Open space	Park Score	The Trust for Public Land	A comprehensive list that measures how the 100 largest cities in US are meeting the needs for parks and in depth data to guide planners and professionals for local park improvement efforts.

Print Resources

Tool Name	Description
Massachusetts Healthy Aging Collaborative Community Profiles	Users can pick individual community or county profiles that will provide basic demographic information as well as healthy aging indicators.
Data Commons	Data commons allows users to pull data sets by topic area or by municipality.
Newton- Wellesley Hospital 2018 Community Health Needs Assessment	Newton-Wellesley Hospital's most recent CHNA which includes Needham and Wellesley in their service area.
Norwood Hospital 2018 Community Health Needs Assessment	Norwood Hospital's most recent CHNA which includes Canton, Dedham, Norwood, and Westwood in their service area.
Beth Israel Deaconess Hospital-Milton 2016 Community Health Needs Assessment	Beth Israel Deaconess Hospital- Milton most recent CHNA which includes Milton in their service area.
Community Benefits Fact Sheet	This factsheet provides information on how community members can get involved with their local CHNA and community benefits.

Messaging Tools

Sample Key Messages

What is Healthy Community Design?

In 2013, the Center for Disease Control and Prevention defined healthy community design as:

"Healthy community design is about **planning and designing communities** to make it easier for people to live healthy lives. Healthy community design encourages mixed land uses to bring people closer to the places where they live, work, worship, and play. Doing so reduces dependence on cars and provides affordable housing, good bicycle and pedestrian infrastructure, space for social gathering, and access to transit, parks, and healthy foods."

Benefits of Healthy Community Planning and Design

There are numerous benefits to healthy community design. Each benefit can be used by local health departments as a leverage point to incorporate health into discussions during planning processes.

+ Built environments can influence physical activity levels such as walking and biking.

Community and street scale design interventions that improve walking and biking infrastructure lead to increasing physical activity. This could reduce the estimated annual medical cost of obesity[1]. Evidence indicates built environments has an influence on certain types of physical activity beyond individual factors, with evidence strongest for walking and biking for transportation[2]. Population density, connectivity (streets or trails) and mixed land use are most consistently related to walking and biking for active transportation[2].

+ Healthy community design increases access to healthy foods for low income and underserved communities.

A nutritious and balanced diet is crucial to disease prevention and healthy growth and development for children and adolescent. Low income and underserved communities often have limited access to affordable healthy food such as high quality fruit and vegetables. Access to healthy food also plays a significant role in the health of a community. Living closer to a supermarket leads to lower rates of obesity and diabetes. In one study, the rate of overweight, obese and hypertensive people dropped by 9 percent, 24 percent and 12 percent respectively when compared to people who did not live near a supermarket

+ Transportation planning is linked to decrease in traffic-related injuries.

A great deal of research has been done on the subject of transportation planning and its relationship to injury reduction, showing that streets can be made significantly safer for pedestrians and cyclists when traffic calming measures are implemented, speed limits are enforced and all road users learn to share the space.10 Reduced traffic also improves mental health and social outcomes. Studies have shown that children who live on streets with less traffic have more friends, and more time outdoors can lead to more chances for social interaction.

+ Reducing automobile trips can lower exposure to traffic related air pollution.

Traffic-related pollutants (for example, particulate matter and ozone) are one of the largest contributors to unhealthy air quality. Exposure to traffic emissions has been linked to many adverse health effects including exacerbation of asthma symptoms, diminished lung function, adverse birth outcomes, childhood cancer, and cardiovascular disease. Lower income groups suffer greater health effects from air pollution than others regardless of exposure. Women, children, and seniors are more likely to suffer from air pollution related disease or problems. Reducing automobile trips by improving the availability of mass transit, walking, and bicycling could help reduce air pollution, especially in urban areas. Creating pedestrian and bicycling routes that provide options to travel away from major roads can help reduce exposure to pollution while walking or bicycling

+ Planning and designing healthy neighborhoods can lead to increase social capital.

Social capital is defined as the fabric of a community and the community pool of human resources available and refers to the individual and communal time and energy that is available for such things as community improvement, social networking, civic engagement, personal recreation, and other activities that create social bonds between individuals and groups. Positive health impacts related to social capital include:

- Self-rated health (physical)
- Better mental health, reduced mental disorders, reduced stress
- Life satisfaction and happiness

There is some positive evidence that planning and designing neighborhoods to be more walkable or more pedestrian friendly (mixed land use, connectivity, infrastructure, low traffic hazards, aesthetics, low crime, destinations) leads to increase social capital and sense of community.

+ Inclusive urban planning processes can help mitigate the impacts of climate change.

Potential health effects of climate change include (but are not limited to):

- Heat related illnesses and deaths
- Extreme weather
- Air pollution–related health effects
- Increased rates of allergic and infectious diseases
- Malnutrition
- Stormsurge–related drowning and injuries
- Health problems related to displaced populations.

People with existing medical conditions, people without coping mechanisms (access to air conditioning or health care services, etc.), people without social networks, the elderly, women, lower income groups, and young children typically face the greatest climate change–related health risks. Physical, programmatic, and policy changes at national, international, and local urban scales could help mitigate and adapt to the negative effects of climate change. Inclusive urban planning processes and interventions at the local scale include:

- Urban greening
- Programs promoting better building insulation
- Creating awareness/warning programs (e.g. extreme weather, heat waves, and disasters)

- Creating a climate change vulnerability assessment and adaptation plan (e.g. ensuring emergency road access, placing key city functions away from susceptible coastal areas, etc.)
- Carbon emission reduction measures, and urban climate mapping

Healthy Community Benefits Resources:

CDC Data on Healthy Community Design

CDC Healthy Food Environment

Health and Places Initiative Research Briefs

Pioneer Valley Planning Commission Healthy Community Design Toolkit: Leveraging Positive Change

Healthy Community Design Facts & Figures

Healthy Food Access

23.5 million Americans do not have access to a supermarket within one mile their homes.

A multistate study found that people with access to only supermarkets or to supermarkets and grocery stores have the lowest rates of obesity and overweight and those without access to supermarkets have the highest rates.

Low income zip codes have **25% fewer chain supermarkets and 1.3 times as many convenience stores** compared to middle-income zip codes.

Predominantly black zip codes have about half the number of chain supermarkets compared to predominantly white zip codes, and predominantly Latino areas have only a third as many

Physical Activity

On average, children who walk or bike to school experience a daily **increase of 16 minutes** of physical activity.

On average, the obesity epidemic costs US $147 billion annually.

If 1 in 10 adults started a walking program, it could save the US **$5.6 million** annually on health care costs related to obesity.

Social Capital

72% of US baby boomers would prefer a smaller home with a shorter commute over a larger home with a longer commute

76% of US millennials cite walkability as an important community characteristics

Traffic-Related Injuries

There is a **200% increased likelihood of accidents** involving pedestrian on roadways without sidewalks compared to roadways with sidewalks on both sides

Facts and Figures Resources:

Urban Land Institute Intersections of Health and the Built Environment

PolicyLink and The Food Trust The Grocery Gap: Who Has Access to Healthy Food and Why it Matters

Sample Posters and Social Media Posts

https://activelivingresearch.org/sites/activelivingresearch.org/files/ALR_Infographic_Communities_June2012.jpg

https://activelivingresearch.org/sites/activelivingresearch.org/files/ALR_Infographic_ChangingCommunities_Feb2014.jpg

http://www.changelabsolutions.org/sites/default/files/Lets_Ride_4-requirements-infographic-FINAL-20130808_0.pdf

https://www.cdc.gov/healthyplaces/infographics/600_YourAdress.jpg

https://www.cdc.gov/healthyplaces/infographics/600_Park.jpg

https://www.cdc.gov/healthyplaces/infographics/600_Sidewalks.jpg

http://www.changelabsolutions.org/sites/default/files/Check-Out-Healthy-Retail_Poster_FINAL_20141103.pdf

https://www.cdc.gov/physicalactivity/walking/call-to-action/pdf/infographic.pdf

Videos

A Tale of Two Zip Codes

A person's zip code determines their access to opportunities and is an important indicator to their overall health.

Improving Public Health Through Community Design

CEO of Nashville Civic Design, Gary Gaston, is a guest speaker on TED Talks and discusses how public health, the built environment, and youth-centered civic engagement are an impact in Nashville, TN.

[Healthy Community Design in Massachusetts Cities and Towns: Weymouth]

This in-depth case study tells the story of how the town of Weymouth is using healthy community design principles to change policies, systems, and environments to create equitable opportunities for accessing healthy food and leading active lives.

Expanding Your Healthy Community Planning and Design Work

Tool	Description	Example
Health Impact Assessment	Health impact assessments (HIA) is a relatively new tool that was created to understand the health implications of various policy and development decisions. According the World Health Organization, an HIA is "a combination of procedures, methods, and tools by which a policy, program, or project may be assessed and judged for its potential effects on the health of the population and the distribution of these impacts within the population".	Healthy Neighborhood Equity Fund Health Impact Assessment
Health Lens Analysis	Process is designed specifically to be applied very early in the process of developing policy ideas in areas with potentially large impact and of great importance to the wider government. The intent of the HLA process is to foster the analysis of possible alternatives when a policy is in draft form. While HLA uses similar methods to the HIA, its goal is to inform policy development at the conceptual phase.	Noise Barriers in Somerville A Health Lens Analysis
Health Elements	In recognition of the important role general plans play in establishing goals and policies that support health, many communities include a health element in their general plan. Health elements explicitly make the connection between how a community plans for future growth and opportunities and how those actions can improve residents' health.	Wellesley Health and Wellness Element
Community Food Assessments	The goal of a community food assessment is to improve a community's food system via increased access to healthy food. A CFA gathers information about residents' perception of the food environment and their food shopping behaviors	Everett Community Food Assessment and Plan
Walkability and Bikeability Audits	Walking and bicycling audits, are processes that involved the systematic gathering of data about environmental conditions (social, built, and natural) that affect walking and bicycling. Audits are typically performed by personal experienced in pedestrian and bicycle issues or trainings on the specific audit tool used.	AARP Walk Audit Tool Kit
Complete Streets Prioritization Plan	This is the second tier of the Complete Streets Program and looks to the municipalities to determine its Complete Streets needs and prioritize its Complete Streets infrastructure projects through the development of a Complete Streets Prioritization Plan	MassDOT Participation Report

Expanding Healthy Community Work Resources:

Change Lab Solutions How to Create and Implement Healthy General Plans

Change Lab Solutions Health in All Policies in General Plans

Public Health Institute Health in All Policies: A Guide for State and Local Governments

Safe Routes to School Guide: Walking and Bicycling Audits

Funding Tools

Organization/Agency	Name of funding/grant	Short description
FEDERAL		
Department of Housing and Urban Development	Home Investment Partnerships Program	Provides formula grants to States and localities that communities use - often in partnership with local nonprofit groups - to fund a wide range of activities including building, buying, and/or rehabilitating affordable housing for rent or homeownership or providing direct rental assistance to low-income people. HOME is the largest Federal block grant to state and local governments designed exclusively to create affordable housing for low-income households.
Department of Housing and Urban Development	Community Development Block Grant Program (CDBG)	The CDBG program is a flexible program that provides communities with resources to address a wide range of unique community development needs including parks and recreation investment.
Environmental Protection Agency	Brownfields Grant Funding	EPA's Brownfields Program provides direct funding for brownfields assessment, cleanup, revolving loans, environmental job training, technical assistance, training, and research.
Environmental Protection Agency	EPA Smart Growth Grants	Occasionally, EPA will offer grants to support activities that improve the quality of development and protect human health and the environment
National Recreation and Park Association	Grants and Fundraising Resources	The National Recreation and Park Association (NRPA) periodically posts information about grant and fundraising opportunities that are available for park and recreation agencies and affiliated friends groups and 501(c)(3) nonprofits
STATE		
Massachusetts Department of Transportation	Complete Streets Funding	Program is designed to reward municipalities that demonstrate a commitment to embedding Complete Streets in policy and practice. There are two types of funding municipalities can apply to: 1. Technical assistance (up to $50,000) 2. Construction funding (up to $400,000)
Massachusetts Department of Transportation	Safe Routes to School	Safe Routes to School offers one source of funding to improve walking and biking conditions within 2 miles of a school serving children in any grades from kindergarten to eighth.
Massachusetts Department of Public Health	Determination of Need	The Determination of Need program encourages competition with a public health focus; to promote population health; to support the development of innovative health delivery methods and population

		health strategies within the health care delivery system; and to ensure that resources will be made reasonably and equitably available to every person within the Commonwealth at the lowest aggregate cost.
Massachusetts Department of Housing and Community Development	Massachusetts Community Development Block Grant Program	Municipalities with a population of under 50,000 that do not receive CDBG funds directly from the federal Department of Housing and Urban Development (HUD) are eligible for CDBG funding. Communities may apply on behalf of a specific developer or property owner
Massachusetts Department of Community Development Planning and Funding	A Guide to State Development Resources	This guide is an easy tool that municipal officials and volunteers can employ to access information regarding resources provided by Massachusetts
Massachusetts Community Compact Cabinet	Community Compact Grants	Community Compact is a voluntary mutual agreement between the Baker-Polito administration and individual municipalities. In a Community Compact, municipalities will agree to implement at least one best practice, which includes energy and environment to housing and economic development
Massachusetts Community Compact Cabinet	Efficiency and Regionalization Grant Program	This is a competitive grant program that provides financial support for governmental entities interested in implementing regionalization and other efficiency initiatives that allow for long term sustainability.
Massachusetts Executive office of Energy and Environmental Affairs	Municipal Vulnerability Preparedness	Grant program that provides support for cities and towns in Massachusetts to begin the process of planning for climate change and resiliency and implementing priority projects.
Massachusetts Department of Conversation and Recreation	Urban and Community Forestry Challenge Grants	Annual grant opportunity for municipalities and nonprofit groups in Massachusetts to improve and protect their urban forests. These 50/50 matching grants help develop, grow and sustain programs that plant, protect and maintain a community's public tree resources and develop partnerships with residents and community institutions.
Massachusetts Department of Agricultural Resources	Massachusetts Food Trust Program	The Massachusetts Food Trust Program provides loans, grants, and business assistance for increasing access to health, affordable food in low-income, underserved area.
Massachusetts Executive Office of Energy and Environmental Affairs	Agricultural Grants and Funding Programs	Massachusetts EEA serves as a first stop for municipalities seeking any sort of funding assistance. EEA focuses on developing responsible energy practices, conservation of natural resources, and outdoor recreational programs.

Metropolitan Area Planning Council	The District Local Technical Assistant Program	Program is funded annually by the Legislature and the Governor. DLTA projects through the calendar year. Funded projects by practice area includes: • Planning-interdisciplinary • Housing • Master Planning • Public Health • Transportation
Metropolitan Area Planning Council	The Planning for MetroFuture Technical Assistance Program	Program is administered by MAPC and funded by municipal assessments. Program aims to advance the implementation of projects that align with the goals and objectives in the MAPC Strategic plan. PMTA projects run through fiscal year.
CORPORATE GRANTS		
Home Depot Foundation	Community Impact Grants Program	Grants up to $5,000 are available to registered 501(c)(3) nonprofit organizations and tax-exempt public service agencies in the U.S. that are using the power of volunteers to improve the physical health of their community.
Walmart	Community Grant Program	Offers grants of $250-$2,500 in four core areas: hunger relief and healthy eating, sustainability, women's economic empowerment and career opportunity
FOUNDATIONS		
Yawkey Foundation	Funding objectives are determined by a continual assessment of needs and opportunities related to programs for the following priorities: - Education - Health Care - Human Services - Youth & Amateur Athletics - Conservations and Wildlife	
The Boston Foundation	The Boston Foundation provides grant funding for the following focus areas: - Arts & Culture - Education - Health and Wellness - Neighborhoods and Housing - Jobs and Economic Development - Grassroots	
Tufts Health Plan Foundation	Tufts Health Foundation's vision is that all communities are vibrant and healthy. The Foundation funds programs that move communities toward achieving age-friendly policies and practices that are relevant, focus on the most vulnerable, and include older people in the process.	

Expanding Your Healthy Community Planning and Design Work

Tool	Description	Example
Health Impact Assessment	Health impact assessments (HIA) is a relatively new tool that was created to understand the health implications of various policy and development decisions. According the World Health Organization, an HIA is "a combination of procedures, methods, and tools by which a policy, program, or project may be assessed and judged for its potential effects on the health of the population and the distribution of these impacts within the population".	Healthy Neighborhood Equity Fund Health Impact Assessment
Health Lens Analysis	Process is designed specifically to be applied very early in the process of developing policy ideas in areas with potentially large impact and of great importance to the wider government. The intent of the HLA process is to foster the analysis of possible alternatives when a policy is in draft form. While HLA uses similar methods to the HIA, its goal is to inform policy development at the conceptual phase.	Noise Barriers in Somerville A Health Lens Analysis
Health Elements	In recognition of the important role general plans play in establishing goals and policies that support health, many communities include a health element in their general plan. Health elements explicitly make the connection between how a community plans for future growth and opportunities and how those actions can improve residents' health.	Wellesley Health and Wellness Element
Community Food Assessments	The goal of a community food assessment is to improve a community's food system via increased access to healthy food. A CFA gathers information about residents' perception of the food environment and their food shopping behaviors	Everett Community Food Assessment and Plan
Walkability and Bikeability Audits	Walking and bicycling audits, are processes that involved the systematic gathering of data about environmental conditions (social, built, and natural) that affect walking and bicycling. Audits are typically performed by personal experienced in pedestrian and bicycle issues or trainings on the specific audit tool used.	AARP Walk Audit Tool Kit
Complete Streets Prioritization Plan	This is the second tier of the Complete Streets Program and looks to the municipalities to determine its Complete Streets needs and prioritize its Complete Streets infrastructure projects through the development of a Complete Streets Prioritization Plan	MassDOT Participation Report

Expanding Healthy Community Work Resources:

Change Lab Solutions How to Create and Implement Healthy General Plans

Change Lab Solutions Health in All Policies in General Plans

Public Health Institute Health in All Policies: A Guide for State and Local Governments

Safe Routes to School Guide: Walking and Bicycling Audits

Appendix

Plan Review Checklist Community Plans

Questions for All Sections

	YES	SORT OF	NO	N/A	COMMENT
There is explicit language connecting the plan to human health.					
The explicit mentions of human health do more than just recite phrases like "protect health, safety, and welfare." The plan makes a more substantial link to health, backed up by data and linked to specific goals.					
The plan addresses how the plan or specific goals may influence health outcomes among different types of people, specifically older adults, children, low-income residents, or people with disabilities.					

1. Land Use

	YES	SORT OF	NO	N/A	COMMENT	RESEARCH BRIEFS
1.1 The plan encourages sufficient residential or employment density to ensure development supports different transportation options and access to local services. This can be overall density or density clustered in centers (in small towns or rural areas).						Accessibility, Physical Activity
1.2 The plan includes mixed-use residential, commercial, and office development to encourage transportation related walking.						Accessibility, Physical Activity, Mental Health, Social Capital
1.3 The plan includes different housing types and tenures to accommodate households of different ages, sizes, and incomes (e.g. accessory dwelling units, multifamily homes, housing with services).						Affordable Housing, Social Capital, Aging

1.4 The plan includes strategies beyond size and density to preserve housing affordability and long-term tenancy (e.g. inclusionary housing requirements, preservation of public housing, and homeownership assistance).						Affordable Housing, Social Capital
1.5 The plan includes specific strategies to address the housing needs of older adults and people with disabilities (e.g. visitability requirements for new construction, home modification assistance).						Aging, Mobility and Universal Design
1.6 The plan promotes access to affordable healthy food retailers/sources of fresh produce throughout the municipality. Acceptance of SNAP is used as a proxy for affordability.						Food Options
1.7 The plan promotes local food production as an approach to increasing access to healthy food (e.g. community gardens, protection of agricultural land).						Food Options
1.8 The plan encourages adequate separation of residential areas, schools, day care facilities, playgrounds, and sports fields from highways, major roads, and industry. These areas should be buffered by more than 500 meters for best health outcomes.						Air Quality, Noise, Housing
1.9 Planning for redevelopment includes evaluation of lead-bearing substances in exposed surfaces of dwelling units, childcare facilities, schools, and recreation facilities used by children.						Housing, Toxics
1.10 The plan identifies brownfield locations that may be opportunities for infill development and promotes policies or incentives to facilitate their cleanup and reuse.						Housing, Toxics

7. Economic Development

	YES	SORT OF	NO	N/A	COMMENT	RESEARCH BRIEFS
2.1 The plan promotes a balance between commercial and residential development (jobs and housing) to reduce the number of people who must commute long distances to work.						Accessibility, Economic Opportunity
2.2 The plan prioritizes economic development strategies that match jobs to existing residents' skills and employment needs.						Economic Opportunity
2.3 The plan includes strategies to increase the availability of quality, affordable childcare.						Economic Opportunity
2.4 The plan includes strategies to preserve affordable workspace for local businesses, with a focus on businesses owned by women and people of color.						Economic Opportunity

8. Natural and Cultural Resources

	YES	SORT OF	NO	N/A	COMMENT	RESEARCH BRIEFS
3.1 Planned residential uses are located in areas with existing water and sewer infrastructure or where it is planned to occur with development.						Water Quality
3.2 The plan promotes development and landscape design standards to support improved water quality (e.g. green roofs, encouraging rain gardens, buffer thresholds, and ordinances for pervious pavement).						Water Quality
3.3 The plan identifies existing or plans for vegetated buffers along all water bodies (preferably 20m to 50m) to prevent non-point source pollution from impervious surfaces.						Water Quality
3.4 The plan encourages adequate separation of sewage treatment and storm water drainage.						Water Quality

3.5 The plan identifies existing or plans for water quality public education and incentive programs, such as recreational water resource guides, incentives and technical resources for rain gardens, and septic tank management program loans.						Water Quality

9. Open Space and Recreation

	YES	SORT OF	NO	N/A	COMMENT	RESEARCH BRIEFS
4.1 Adequate tree canopy is planned for parks, open spaces, and streetscapes. It is recommended that tree canopies provide at least 50% canopy coverage in the area of interest.						Mental Health, Climate Change
4.2 The plan includes strategies to ensure all existing and planned residential areas are within a reasonable walking distance (optimally 400-600 meters) of a park, playground or other form of useable open space? The quality of urban design can influence and extend the distances that people are willing to walk between destinations.						Accessibility, Physical Activity
4.3 The plan encourages that all developments include at least a small amount of green space or enhance access to recreational facilities and walking paths?						Accessibility, Physical Activity
4.4 The plan promotes integration between open space and other community-serving uses, including retail and community facilities such as libraries, community centers, schools and child care?						Accessibility, Physical Activity
4.5 The plan incorporates greenways to provide natural, non-motorized open space corridors (often following roadways, ridge tops and waterways).						Accessibility, Physical Activity, Mental Health
4.6 The plan provides for a variety of open spaces (e.g. parks, greenways, wilderness) and recreational facilities with varied functions and users to achieve different, and hopefully multiple, health outcomes.						Accessibility, Physical Activity, Mental Health

4.7 Amenities (such as seating, public toilets, drinking fountains, shade, and baby changing facilities) are planned to encourage use of open spaces by a wide range of user groups.						Accessibility, Physical Activity, Aging
4.8 Parks and open spaces are planned to be universally accessible and appropriate for all ages.						Mobility and Universal Design
4.9 The plan promotes safe access to open spaces through multiple modes of transportation (e.g. walking, biking, and public transportation)? Where possible, public open space should be located adjacent to transit to increase accessibility.						Accessibility, Safety, Physical Activity
4.10 The plan includes strategies to promote integration of open spaces and trails so that people can travel between them as parts of tours or loops for exercise. Wayfinding, pedestrian and cyclist paths, and marketing efforts can help link spaces together.						Accessibility, Physical Activity
4.11 Is adequate lighting required in parks and other public areas to enhance safety at night and extend opportunities for physical activity into the evening? It is recommended that pedestrians have visibility of at least 200 meters.						Safety, Physical Activity
4.12 Do public open spaces offer clear lines of sight, with few "hiding" or unobservable spaces?						Safety
4.13 Are there plans to ensure green spaces, walking paths, and recreational facilities remain clean and in good repair?						Safety
4.14 Does the plan promote partnerships with organizations and neighborhood groups to sponsor and maintain open spaces and gardens?						Safety, Social Capital

10. Services and Facilities

	YES	SORT OF	NO	N/A	COMMENT	RESEARCH BRIEFS
5.1 The plan includes strategies to promote physical activity (e.g. walk or bike to school programs).						Physical Activity

5.2 The plan includes strategies to promote consumption of healthy foods (e.g. nutrition courses, community gardening, regulating marketing of unhealthy foods to children).						Food Options
5.3 The plan promotes opportunities for individuals to participate in civic life (e.g. volunteer).						Social Capital
5.4 The plan includes strategies specifically focused on ensuring the safety of older adults and people with disabilities during extreme weather events and emergencies.						Aging, Mobility and Universal Design
5.4 The plan includes strategies to improve the lives of homeless and people with mental illness.						Social Capital
5.5 The plan promotes opportunities for shared community use and co-location of services, including considering the public use of school recreational facilities outside school hours.						Accessibility, Physical Activity
5.6 The plan encourages opportunities to integrate visitability and energy efficiency improvements in new construction and renovation of public facilities.						Aging, Mobility and Universal Design

11. Circulation

	YES	SORT OF	NO	N/A	COMMENT	RESEARCH BRIEFS
6.1 Regular transit service (commuter rail, subway, bus) is planned to serve all residential and employment areas, preferably within 1200m of all residential areas.						Accessibility, Physical Activity
6.2 The plan promotes integration of different transit options as well as integration with local pedestrian and bicycle networks.						Accessibility, Physical Activity
6.3 Pedestrian amenities are planned at transit stops and stations to encourage transit use (e.g. proper lighting, bicycle parking, transit user information, shelters, and seating).						Accessibility, Physical Activity

6.4 The off-street trail system is planned to serve all residential neighborhoods. Suggested distances to an off-street trail system from residential areas is 400-600 meters.						Accessibility, Physical Activity
6.5 The plan incorporates complete street and traffic calming concepts and strategies (e.g. road diets, curb extensions, medians, and speed bumps).						Accessibility, Physical Activity, Safety
6.6 For streets with high rates of pedestrian/bicyclist use, speed limits are currently or planned to be at or below 30 mph (preferably 20 mph).						Accessibility, Physical Activity, Safety
6.7 The plan includes strategies designed to provide adequate street lighting along all streets and outdoor pathways, to improve safety and encourage evening use.						Accessibility, Physical Activity, Safety
6.8 The plan encourages pedestrian and bicycle pathways to link to key destinations such as residential areas, open space, schools, shops, employment areas, athletic fields, public transit stops and hubs.						Accessibility, Physical Activity
6.9 The plan incorporates adequate wayfinding infrastructure along pedestrian and bicycle pathways (e.g. signposts providing directions, distances, and times to various destinations).						Accessibility, Physical Activity, Aging
6.10 The plan incorporates adequate facilities for bicyclists to park along their route or at a final destination. Prioritize bicycle parking in downtown areas, business districts, at public buildings, open space locations, and public transit hubs.						Accessibility, Physical Activity

Plan Review Checklist Community Plans

STREAMLINED VERSION CHECKLIST

The Metropolitan Area Planning Council (MAPC) prepared the checklist below as part of its work on the Plan for Health Toolkit, a technical assistance project done in collaboration with the Norfolk County-8 Public Health Coalition. The checklist summarizes some of the most commonly included health strategies and recommendations within municipal plans. Please refer the Plan for Health Toolkit document for reference documents, including research briefs that provide supporting evidence for the checklist interventions.

Questions for All Sections

	YES	SORT OF	NO	N/A	COMMENT
There is explicit language connecting the plan to human health.	☐	☐	☐	☐	
The explicit mentions of human health do more than just recite phrases like "protect health, safety, and welfare." The plan makes a more substantial link to health, backed up by data and linked to specific goals.	☐	☐	☐	☐	
The plan addresses how the plan or specific goals may influence health outcomes among different types of people, specifically older adults, children, low-income residents, or people with disabilities.	☐	☐	☐	☐	

Plan Review Checklist Community Plans

STREAMLINED VERSION CHECKLIST

1. Land Use

	YES	SORT OF	NO	N/A	COMMENT	RESEARCH BRIEFS
1.1 The plan encourages sufficient residential or employment density to ensure development supports different transportation options and access to local services. This can be overall density or density clustered in centers (in small towns or rural areas).	☐	☐	☐	☐		Accessibility, Physical Activity
1.2 The plan includes mixed-use residential, commercial, and office development to encourage transportation related walking.	☐	☐	☐	☐		Accessibility, Physical Activity, Mental Health, Social Capital
1.3 The plan includes different housing types and tenures to accommodate households of different ages, sizes, and incomes (e.g. accessory dwelling units, multifamily homes, housing with services).	☐	☐	☐	☐		Affordable Housing, Social Capital, Aging
1.4 The plan promotes access to affordable healthy food retailers/sources of fresh produce throughout the municipality. Acceptance of SNAP is used as a proxy for affordability.	☐	☐	☐	☐		Food Options
1.5 The plan encourages adequate separation of residential areas, schools, day care facilities, playgrounds, and sports fields from highways, major roads, and industry. These areas should be buffered by more than 500 meters for best health outcomes.	☐	☐	☐	☐		Air Quality, Noise, Housing

Plan Review Checklist Community Plans

STREAMLINED VERSION CHECKLIST

4. Open Space and Recreation

	YES	SORT OF	NO	N/A	COMMENT	RESEARCH BRIEFS
4.1 Adequate tree canopy is planned for parks, open spaces, and streetscapes. It is recommended that tree canopies provide at least 50% canopy coverage in the area of interest.	☐	☐	☐	☐		Mental Health, Climate Change
4.2 The plan includes strategies to ensure all existing and planned residential areas are within a reasonable walking distance (optimally 400-600 meters) of a park, playground or other form of useable open space? The quality of urban design can influence and extend the distances that people are willing to walk between destinations.	☐	☐	☐	☐		Accessibility, Physical Activity
4.6 The plan provides for a variety of open spaces (e.g. parks, greenways, wilderness) and recreational facilities with varied functions and users to achieve different, and hopefully multiple, health outcomes.	☐	☐	☐	☐		Accessibility, Physical Activity, Mental Health
4.7 Amenities (such as seating, public toilets, drinking fountains, shade, and baby changing facilities) are planned to encourage use of open spaces by a wide range of user groups.	☐	☐	☐	☐		Accessibility, Physical Activity, Aging
4.11 The plan includes adequate lighting in parks and other public areas to enhance safety at night and extend opportunities for physical activity into the evening. It is recommended that pedestrians have visibility of at least 200 meters.	☐	☐	☐	☐		Safety, Physical Activity
4.13 The plan includes strategies to ensure green spaces, walking paths, and recreational facilities remain clean and in good repair.	☐	☐	☐	☐		Safety

Plan Review Checklist Community Plans

STREAMLINED VERSION CHECKLIST

6. Circulation

	YES	SORT OF	NO	N/A	COMMENT	RESEARCH BRIEFS
6.4 The off-street trail system is planned to serve all residential neighborhoods. Suggested distances to an off-street trail system from residential areas is 400-600 meters.	☐	☐	☐	☐		Accessibility, Physical Activity
6.5 The plan incorporates complete street and traffic calming concepts and strategies (e.g. road diets, curb extensions, medians, and speed bumps).	☐	☐	☐	☐		Accessibility, Physical Activity, Safety
6.6 For streets with high rates of pedestrian/bicyclist use, speed limits are currently or planned to be at or below 30 mph (preferably 20 mph).	☐	☐	☐	☐		Accessibility, Physical Activity, Safety
6.7 The plan includes strategies designed to provide adequate street lighting along all streets and outdoor pathways, to improve safety and encourage evening use.	☐	☐	☐	☐		Accessibility, Physical Activity, Safety
6.8 The plan encourages pedestrian and bicycle pathways to link to key destinations such as residential areas, open space, schools, shops, employment areas, athletic fields, public transit stops and hubs.	☐	☐	☐	☐		Accessibility, Physical Activity
6.9 The plan incorporates adequate wayfinding infrastructure along pedestrian and bicycle pathways (e.g. signposts providing directions, distances, and times to various destinations).	☐	☐	☐	☐		Accessibility, Physical Activity, Aging

Plan Review Checklist Site Plans

The Metropolitan Area Planning Council (MAPC) prepared the checklist below as part of its work on the Plan for Health Toolkit, a technical assistance project done in collaboration with the Norfolk County-8 Public Health Coalition. The checklist summarizes some of the most commonly included health strategies and recommendations within development design guidelines. Please refer the Plan for Health Toolkit document for reference documents, including research briefs that provide supporting evidence for the checklist interventions.

1. Accessibility and Physical Activity

	YES	SORT OF	NO	N/A	COMMENT	RESEARCH BRIEFS
1.1 The site is served by existing sidewalks or the design incorporates an expansion of the sidewalk network.						Physical Activity, Accessibility
1.2 The plan ensures existing and/or proposed sidewalks are continuous, well-maintained and free of cracks or tripping hazards.						Physical Activity, Accessibility, Aging
1.3 The design promotes continuity of pedestrian movement from public sidewalks through the site and into the building, through well connected sidewalks and on-site pathways.						Physical Activity, Accessibility
1.4 Where block sizes are large, the design includes pedestrian pathways through existing blocks.						Physical Activity, Accessibility
1.5 Where applicable, the site maintains dedicated pedestrian and bicycle paths on dead-end streets to provide access even where cars cannot pass.						Physical Activity, Accessibility
1.6 Pathways meet and exceed all relevant accessibility codes for stairs, ramps, and handrails. Sloped surfaces have proper support such as handrails on both sides. Pathways are sufficiently wide and have curb cuts and turning radii adequate for a wheelchair or walker.						Physical Activity, Accessibility, Universal Design
1.7 Proposed pathway materials are slip resistant and unlikely to create mobility barriers. Gravel, which can be difficult for wheelchairs to navigate, is not used for pathways.						Aging, Mobility and Universal Design

1.8 Pathways minimize vertical transitions. Low-rise stairs are easier to navigate if steps are unavoidable. A bright colored strip at the surface edge can help designate a change in plane.						Aging, Mobility and Universal Design
1.9 The site accommodates adequate parking and loading areas for drivers or passengers with disabilities. An appropriate share is about 3-5% of spots or at least 1 spot in smaller lots. The share should be higher in locations more likely to be frequented by people with disabilities (e.g. health facilities, elderly housing).						Physical Activity, Accessibility, Aging
1.10 The design provides for sufficient on-site bicycle parking and bicycle storage (in places of employment and residential buildings).						Physical Activity, Accessibility
1.11 Bike storage is secure, protected from weather and does not require lifting the bike to lock in place (not wall or ceiling mounted racks).The path required to get to the bike storage area does not have stairs or other obstacles. Bike racks at ground level are preferred.						Physical Activity, Accessibility
1.12 The design provides new open or natural space, or improves access to open spaces or off-road trails. This is especially important in areas with limited open space.						Physical Activity, Mental Health, Aging, Safety
1.13 The design includes adequate trees canopy coverage along pathways and resting areas to provide relief on hot days and promote physical activity.						Physical Activity, Accessibility, Climate Change
1.14 The plan includes wayfinding signage that is highly visible and easy to read.						Physical Activity, Accessibility, Aging

2. Safety from Traffic

	YES	SORT OF	NO	N/A	COMMENT	RESEARCH BRIEFS
2.1 Street parking or landscaped strips along the sidewalk provide a buffer between moving traffic and pedestrians.						Safety, Physical Activity
2.2 Vehicular driveways and ramps minimize contact between cars and pedestrians.						Safety, Physical Activity
2.3 Mid-block vehicular curb cuts are avoided where possible.						Safety, Physical Activity
2.4 The plan seeks to reduce car use by reducing parking requirements and/or supporting shared parking and car services.						Air Quality, Physical Activity
For sites with internal private streets:						
2.5 The design integrates traffic calming measures and safety features (e.g. bulb outs, pavement surface changes, speed bumps, raised intersections, roadway jogs).						Safety, Physical Activity
2.6 Crossing areas are distinct with pavement markings and changes to surfacing. Reflective or glow in the dark paint markings are more visible to cars and people crossing at night.						Safety, Physical Activity
2.7 There are plans to provide reflective and brightly colored signage for both people crossing and cars. Signage can be located on the ground as a reminder to look up and check for traffic, or pole mounted where it is easy for both cars and pedestrians to read.						Safety, Physical Activity

3. Age Friendly and Accessible Buildings

	YES	SORT OF	NO	N/A	COMMENT	RESEARCH BRIEFS
3.1 Building signage has easy-to-read, large text. Building address is easy to locate.						Accessibility, Aging

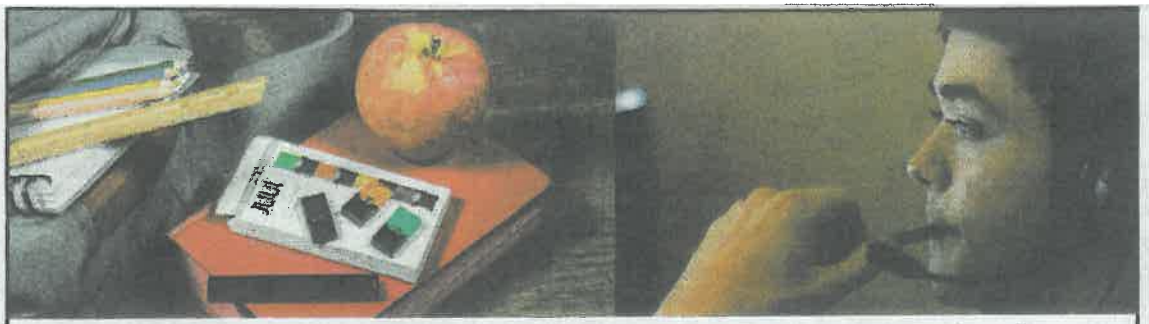
3.2 Building entrance is well lit and clearly visible from the street.						Accessibility, Aging, Safety
3.3 Main entry has hands-free doorway operation. Doorway has flush threshold or maximum of ½ inch beveled door transition.						Aging, Universal Design
3.4 If additional entry doors are present, the hardware is push or lever style and a surface is installed to place packages while opening door from outside.						Aging, Universal Design
3.5 In residential buildings, keycard or security code entry can be easily accessed by residents in a wheelchair or from standing position. Visitor intercom, doorbell or buzzer is at accessible height. Resident and visitor access keypads have adequate lighting for readability.						Aging, Universal Design
3.6 Minimum 36-inch wide doors or a 32-inch door with off-set hinges.						Aging, Universal Design

4. Safety

	YES	SORT OF	NO	N/A	COMMENT	RESEARCH BRIEFS
4.1 Pathways are well lit for safety and all day physical activity, however, not over lit to the point of causing glare.						Safety
4.2 Buildings are designed so occupants can maintain surveillance over their surroundings, such as through terraces and windows.						Safety
4.3 Public and private spaces are clearly delineated so that boundaries are clear.						Safety

5. Pollution Buffers and Sustainability Features

	YES	SORT OF	NO	N/A	COMMENT	RESEARCH BRIEFS
6.1 Homes, schools, and daycare facilities are adequately separated from highways, major roads, and industry. If closer than 500 meters, sites are designed to limit exposure to dust and noise.						Air Quality, Noise, Housing
6.2 The plan details procedures to minimize construction impacts, such as noise, odors, dust, and vibrations.						Air Quality, Noise
6.3 The plan includes procedures and design for adequate disposal and screening of solid waste.						
6.4 The plan details procedures and practices to reduce traffic-related impacts during and after construction (e.g. alternative truck routes, shared parking).						Air Quality
6.5 The development is located in an area with existing water and sewer infrastructure or where it is planned to occur with development.						Water Quality
6.7 The design integrates low impact development/green infrastructure strategies (e.g. bioretention/rain gardens, permeable pavements, swale systems) to improve water quality and prevent ponding.						Water Quality, Climate Change
6.8 The design includes strategies to ensure that buildings and spaces reduce energy needs in winter and summer seasons (e.g. building orientation, ventilation, shading, landscaping).						Aging, Air Quality, Mental Health, Climate Change



Please join us on **Thursday, April 4, 2019**

for a community presentation on the reality of vaping among youth

"Juuling and Schooling"

With Jonathan Winickoff, MD, MPH from Massachusetts General Hospital for Children

7:30-8:30pm at the Rosemary Recreation Complex (178 Rosemary Street, Needham)

AND

weekly
3/21/19

"Hidden in Plain Sight"

an interactive display of a teenager's bedroom.

Open 6:30-7:30pm and 8:30-9pm

Exhibit is open to all adults over the age of 21.

Following the presentation participants will have the opportunity to further process questions or concerns in a small group setting with trained facilitators.

Free of charge. Registration recommended: https://juulingandschooling.eventbrite.com

Hidden in Plain Sight is an interactive display of a teenager's bedroom which contains common items that can hide substances, and helps parents to "spot" signs of at-risk behavior in their teen. Visitors will receive education about substance use from trained volunteers followed by a tour of the model bedroom. This exhibit is an integral part of community education and encourages parents to talk to their children about at-risk behaviors that can lead to opioid use, addiction, and substance use disorders.

This presentation is sponsored by Needham Parents Care, Substance Prevention Alliance of Needham (SPAN) and Beth Israel Deaconess Hospital-Needham.

Beth Israel Deaconess Hospital *Needham*

SPAN SUBSTANCE PREVENTION ALLIANCE OF NEEDHAM

NEEDHAM PARENTS CARE

Please join us on

Thursday, April 4, 2019

for a community presentation on the reality of vaping among youth

"Juuling and Schooling"

With Jonathan Winickoff, MD, MPH from Massachusetts General Hospital for Children 7:30-8:30pm at the Rosemary Recreation Complex (178 Rosemary Street, Needham)

AND

"Hidden in Plain Sight"

an interactive display of a teenager's bedroom.

Open 6:30-7:30pm and 8:30-9pm

Exhibit is open to all adults over the age of 21.

Following the presentation participants will have the opportunity to further process questions or concerns in a small group setting with trained facilitators.

Free of charge. Registration recommended: https://juulingandschooling.eventbrite.com

Hidden in Plain Sight is an interactive display of a teenager's bedroom which contains common items that can hide substances, and helps parents to "spot" signs of at-risk behavior in their teen. Visitors will receive education about substance use from trained volunteers followed by a tour of the model bedroom. This exhibit is an integral part of community education and encourages parents to talk to their children about at-risk behaviors that can lead to opioid use, addiction, and substance use disorders.

This presentation is sponsored by Needham Parents Care, Substance Prevention Alliance of Needham (SPAN) and Beth Israel Deaconess Hospital-Needham.

NWCN13780371

LOCA

BROOKLI
a.m. to 3
318 Harv
tion: face
brookline
CAMBRID
through A
p.m., Can
Center gy
der St. Lo
more. Infc
bridgewir
com
CHELMSF
10 a.m. to
Road. Loc
foods and
chelmsfor
ket.blogsp
EASTON –
to 2 p.m., S
Washingtc
Local mea
pasta sauc
mation: sir
saturday-n
Original Ea
Market, Sa
to 2 p.m., L
143 Lincoln
Informatio
eastonorig
HINGHAM
23, 10 a.m.
Parish Chu
Informatio
market.org
HOPKINTO
March 23, A

Field at Westwood High School. www.iamstrongfoundation.org.

Anime Club meeting at library

This fall, the Needham High School Anime Club is meeting at the public library on Monday and Wednesday afternoons from 2:40 to 4:00 p.m. The group watches anime, plays board games and video games, and does some drawing and crafts. In the spring, the group goes to Anime Boston.

All high school students who live in Needham are welcomed to drop by and check out the Club at one of their meetings.

weekly 3/28/19

Please join us on Thursday, April 4, 2019 for a community presentation on the reality of vaping among youth

"Juuling and Schooling"

With Jonathan Winickoff, MD, MPH from Massachusetts General Hospital for Children

7:30-8:30pm at the Rosemary Recreation Complex (178 Rosemary Street, Needham)

AND

"Hidden in Plain Sight"

an interactive display of a teenager's bedroom.

Open 6:30-7:30pm and 8:30-9pm

Exhibit is open to all adults over the age of 21.

Following the presentation participants will have the opportunity to further process questions or concerns in a small group setting with trained facilitators.

Free of charge. Registration recommended: https://juulingandschooling.eventbrite.com

Hidden in Plain Sight is an interactive display of a teenager's bedroom which contains common items that can hide substances, and helps parents to "spot" signs of at-risk behavior in their teen. Visitors will receive education about substance use from trained volunteers followed by a tour of the model bedroom. This exhibit is an integral part of community education and encourages parents to talk to their children about at-risk behaviors that can lead to opioid use, addiction, and substance use disorders.

This presentation is sponsored by Needham Parents Care, Substance Prevention Alliance of Needham (SPAN) and Beth Israel Deaconess Hospital-Needham.

Beth Israel Deaconess Hospital *Needham*

SPAN

NEEDHAM PARENTS CARE

Please join us on

Thursday, April 4, 2019

for a community presentation on the reality of vaping among youth

"Juuling and Schooling"

With Jonathan Winickoff, MD, MPH from Massachusetts General Hospital for Children 7:30-8:30pm at the Rosemary Recreation Complex (178 Rosemary Street, Needham)

3/28/19
Times

AND

"Hidden in Plain Sight"

an interactive display of a teenager's bedroom.

Open 6:30-7:30pm and 8:30-9pm

Exhibit is open to all adults over the age of 21.

Following the presentation participants will have the opportunity to further process questions or concerns in a small group setting with trained facilitators.

Free of charge. Registration recommended: https://juulingandschooling.eventbrite.com

Hidden in Plain Sight is an interactive display of a teenager's bedroom which contains common items that can hide substances, and helps parents to "spot" signs of at-risk behavior in their teen. Visitors willl receive education about substance use from trained volunteers followed by a tour of the model bedroom. This exhibit is an integral part of community education and encourages parents to talk to their children about at-risk behaviors that can lead to opioid use, addiction, and substance use disorders.

This presentation is sponsored by Needham Parents Care, Substance Prevention Alliance of Needham (SPAN) and Beth Israel Deaconess Hospital-Needham.

Beth Israel Deaconess Hospital

SPAN

NEEDHAM PARENTS CARE

NW-CN13780371

A caption on a photo of three rings that ran on last week's Weekend page with a story about the Paradise City Arts Festival listed the incorrect artist. The artist who made the rings is Adel Chefridi, chefridi.com.

Community Theater to offer spring classes

The Needham Community Theater, in conjunction with Needham Parks and Recreation, is offering spring musical theater classes for ages 6-18.

Broadway Bootcamp I is for ages 6-8 and is held from 3:45 to 4:45 p.m. Thursdays March 28 through May 23. There will be no class during April vacation. The course is taught by Lisa Kelleher and teaches basic terminology, stage direction, set design and scene work.

Broadway Bootcamp II is for ages 8-10 and is held from 5 to 6 p.m. Thursdays March 28 through May 23. There will be no class during April vacation. The course is taught by Lisa Kelleher and reviews basic aspects of theater and integrates movement and music into scene work for musical and straight theater.

The Broadway to Needham course is for ages 11-18 and is held from 5:15 to 6:45 p.m. Tuesdays March 26 through May 21. There will be no class during April vacation. Students will learn songs from a variety of Broadway musicals, adding choreography and staging.

All classes end in a short showcase production.

For information and registration, visit https://www.activityreg.com/default.wcs.