

**Board of Health
Meeting Minutes
March 14, 2011**

Members Present:

Tom Kinzer, Co-Chair
Bea Brunkhorst, Co-Chair
Kevin Wormstead
Mary Seymour
Lea Susan Ojamaa (late)

Staff Present:

Heidi Porter, Director
Mary Firestone, Recording Secretary

Action Items:

1. Mr. Wormstead and Ms. Porter will arrange with Joseph Knott for an inspection of the Skorupka property after ascertaining whether Ms. Skorupka had obtained the animals allowed under the terms of her permit.

The meeting was called to order at 7:13 P.M. Dr. Brunkhorst chaired.

Minutes:

Ms. Seymour moved to accept the minutes of the February 14, 2011 meeting as amended; Ms. Wormstead seconded the motion. Vote count: 4-0

Mr. Wormstead moved to accept the minutes of the February 28, 2011 meeting as amended; Dr. Brunkhorst seconded the motion. Vote count: 4-0-1 (Ms. Seymour abstained.)

Reorganization of Board:

Mr. Wormstead moved to retain Mt. Kinzer and Dr. Brunkhorst as co-chairs; Ms. Ojamaa seconded the motion. Vote count: 5-0

Liaison reports:

Ms. Ojamaa had attended the Youth Task Force meeting. She reported that: (1) a community-sponsored (not school-sponsored) dance had been arranged; (2) Massachusetts Walk-to-School Date will be May 4; (3) Bedford will again submit an application for the 100 Best Communities award; (4) An application may be submitted for a Healthy Communities grant.

Ms. Seymour was unable to attend the recent meeting of the School Wellness Committee but email Jackie Surprise concerning the curriculum. The committee will not meet again until Fall.

Mr. Wormstead attended the Youth and Family Services meeting; among the topics discussed were the 100 Best Communities application and the Safe Routes to School program. (1) Mr. Wormstead reported that attendance at The Corner has declined and it is hoped that the dance will re-ignite interest in that resource; more evening events may be planned. (2) A Social Host Liability program will be held on April 6, 7:00-9:00 P.M.; the program will cover the legal consequences of giving alcohol to under-age guests. (3) A 'mock accident' will be held before the prom to get students to think about the consequences of drinking and driving. (4) The teachers' union has settled on a new contract.

Mr. Kinzer attended a meeting of the Community Partnership Committee. He said there is a perception that The Corner program is only for the younger children. Also, the town is recruiting for a new Planning Director due to the departure of Mr. Joly.

Mr. Wormstead and Ms. Porter will arrange with Joseph Knott for an inspection of the Skorupka property after ascertaining whether Ms. Skorupka had obtained the animals allowed under the terms of her permit.

Discussion of Comprehensive Plan:

Dr. Brunkhorst suggested that the Board should first discuss goals; to begin, she showed her ideas in a PowerPoint presentation. See the Addendum to these minutes for the text of her presentation.

Mr. Kinzer said that Mr. Black had worked out a quasi-formal arrangement with the Planning Department to see any plans submitted for development in a timely manner, especially to allow review of any need for mosquito control; the Planning Department will give the Board of Health time to comment on such plans to insure that development doesn't interfere with remediation.

Dr. Brunkhorst said that if the comprehensive plan will be written by a consultant, the Board of Health should participate in considering the consultant's qualifications. Ms. Porter will ask Mr. Joly about the RFP for the consulting firm. She will also find out whether the allowed number of alcohol sale permits have been filled and will research sustainable agriculture language.

Board members reviewed Section IV, Model Health Language, in "How to Create and Implement Healthy General Plans" [see link at end of minutes]. They chose to focus on the following sections:

Goal 3: Create convenient and safe opportunities for physical activity for residents of all ages and income levels.

Objective 3.1: Ensure that residents will be able to walk to meet their daily needs.

- Adopt mixed-use residential, commercial, and office zoning where appropriate to encourage walkability
- Support walkability audits to identify inconvenient or dangerous routes and prioritize infrastructure improvements in communities with the most need
- Adopt roadway design guidelines that enhance street connectivity
- Ensure that pedestrian routes and sidewalks are integrated into continuous networks

Objective 3.2: Build neighborhoods with safe and attractive places for recreational exercise.

- Pursue joint-use agreements to share facilities with schools, especially in neighborhoods that suffer a disproportionate lack of recreational facilities

Objective 3.3: Create a balanced transportation system that provides for the safety and mobility of pedestrians, bicyclists, those with strollers, and those in wheelchairs at least equal to that of auto drivers.

- Establish design guidelines and/or level of service standards for a range of users, including access for disabled and bicyclists (*e.g., complete streets guidelines; universal design principles;*

facilities such as sidewalks, lighting, ramps for wheelchairs and bicycles; parking in rear of buildings; windows that face the sidewalk/street)

- Use traffic calming techniques (e.g., medians, refuges, street trees, on-street parking) to improve street safety and access
- Require [encourage] developers to build facilities for walkers, bicyclists, and wheelchairs in all new developments (e.g. sidewalks, ramps, bicycle racks, showers)

Goal 4. Provide safe, convenient access to healthy foods for all residents.

Objective 4.3: Avoid a concentration of unhealthy food providers within neighborhoods.

Objective 4.4: Provide ample opportunities for community gardens and urban farms.

Goal 5: Pursue a comprehensive strategy to ensure that residents breathe clean air and drink clean water.

Objective 5.4: Promote healthy indoor air quality.

Goal 6. Encourage neighborhoods that sustain mental health and promote social capital.

Ms. Porter asked whether the Board would like her to set up an online survey about the keeping of animals. They agreed.

Director's Report:

Ms. Porter had prepared an application for a grant to fund tobacco inspection jointly with Lexington and Winchester; she gave the applications to the Chairs for their signatures.

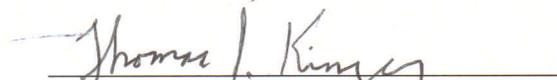
Ms. Porter showed the Board an application for a renovation project which had been submitted by a builder to the Planning Department; since the plan would provide six more parking spaces than the property contains at present, Ms. Porter will check into the possibility that drainage of oils, etc., from the vehicles would be of concern.

Ms. Seymour moved to adjourn the meeting; Ms. Ojamaa seconded the motion. Vote count: 5-0. The meeting was adjourned at 9:30 P.M.

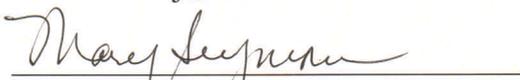
The next meetings of the Board will be held on April 11, May 9, and June 6, 2011.

These minutes are approved by the Bedford Board of Health:


Bea Brunkhorst, Co-Chair


Tom Kinzer, Co-Chair


Lea Susan Ojamaa


Mary Seymour


Kevin Wormstead

Addendum: Considerations to adding Health Goals to the Comprehensive Plan

Primary Goals of our current Comprehensive Plan 2002

Main commercial development is concentrated along The Great Road.

1. Encourage small convenient neighborhood centers to foster walkability- such as developing North Road, Sheldon Block
2. Adjust the Floor Area Ratio (FAR) to encourage more space per person.- can be used to monitor growth rate of development.
3. Transportation Demand Management to get better transportation for the town.
4. Make needed changes primarily through zoning laws- subdivision regulations, Health Regulations.

Best way to get more attention to Built Environment/ Health considerations is to imbed them into the Comprehensive plan- not make a separate plan.

Questions for the Planning Board

1. Are playgrounds mandated in the zoning laws? If so why do the two new developments on Middlesex Turnpike have no playgrounds?

2. Will the planning board be working with the same consultant and when?

Will you be excepting input and how?

3. Main deficit in the plan is a lack of Health links - would recommend to add goals:

- Walkability improvements for Middlesex Turnpike --- or are these a part of the current re-development? Currently Isolated!
- Adopt pedestrian-friendly design codes to improve non-motorized access to healthy foods?
- Require walking, biking and wheelchair facilitated in new developments.
- Adopt complete streets design guidelines?
- Incentives from small development without alcohol or tobacco sales.
- Ensure zoning for bicycle and pedestrian routes.
- Maintain buffer zones separating industrial or transportation corridors from sensitive sites --- new apartment houses on Middlesex Turnpike?

4. Do current zoning laws provide for setbacks from major roadways to make sure that residents are not exposed to high levels of car exhaust?

5. We need to improve the transportation from Middlesex Turnpike to the town center --- any plans for that --- or perhaps education on the Town Center to these new residents on Middlesex Turnpike?

Links to documents utilized and/or made available at this meeting:

http://www.phlpnet.org/healthy-planning/create_implemnet_gp

<http://www.phlpnet.org/healthy-planning/products/healthy-planning-guide>

<http://www.designforhealth.net/resources/checklists.html>

http://www.designforhealth.net/pdfs/Information_Sheet/BCBS_ISHealthCompPlanning_082307.pdf