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HPRC Health Policy Assessment of the Clarion Associates' Evaluation and Recommendations Report

I. INTRODUCTION

Zoning and Health

The Health Policy Research Consortium (HPRC) is delighted that Prince George's County is rewriting the jurisdiction's zoning ordinance and subdivision regulations. From a health perspective, this is an exceptionally valuable opportunity to proactively address serious health challenges facing the county's residents.

Zoning policies have important implications for health because zoning affects the social determinants of health, including where people live, work, learn, and play. It impacts their commutes, their economic prospects, what they eat, where they buy groceries, what kind of groceries they buy, and how much crime and blight is in their neighborhoods. Zoning also determines access to health care, which, in turn, helps determine health status and quality of life. We are optimistic that the zoning rewrite team will take full advantage of this rare window of opportunity to address the social determinants of health, promote the health of 880,000 Prince George's County Residents, and showcase a 21st century zoning ordinance that serves a statewide model for "healthy zoning."

Of particular importance to HPRC are the implications of zoning for addressing our federal mandate: *identify policy avenues for reducing racial and ethnic disparities in health in Prince George's County and throughout Region III*. As a transdisciplinary research consortium, we believe that the role of zoning in improving health is well-supported by science. According to health policy researchers at the Johns Hopkins University School of Public Health, "Effective zoning policy has the potential to not only address the issues of dietary intake, physical activity, and related chronic diseases, but also to ameliorate several other public health problems such as exposure to environmental hazards, intentional and unintentional injury, substance use and abuse, access to health care and health disparities."¹

For example, zoning is among the 24 environmental and policy level strategies recommended by the Centers for Disease Control and Prevention for reducing obesity² -- a major health challenge facing Prince George's County, where approximately two-thirds of adult residents are overweight or obese. Zoning can "increase the number of full-service grocery stores, reduce the density of fast food restaurants, and provide incentives to farmer's markets in underserved areas."

Indeed, research has shown that zoning has important implications for *numerous* public interventions targeting chronic conditions such as obesity, hypertension, heart disease, asthma, substance abuse, and other health challenges. A science-based "*healthy zoning*" model can:

- Address the negative effects of "food swamps" (areas with heavy concentrations stores that sell low-quality foods) and "food deserts" (areas with a shortage of quality foods) by:
 - promoting land use for urban farms, community gardens, or farmers markets
 - bringing supermarkets to underserved areas by removing zoning barriers (such as lot

- size requirements) or providing other incentives
 - using conditional use permits to require corner stores or grocery stores to stock a certain proportion of shelf-space with healthy food products; restrict food outlets from offering high-calorie, low-nutrient foods within a specified distance of a school; or prohibit the distribution of toys or other child-targeted promotional materials at restaurants unless food meets specified nutritional standards.
- Encourage walking or biking through well-designed streets, sidewalks, bike paths, and intersections.
- Facilitate access to open spaces, parks, and playgrounds for active play.
- Limit the availability of liquor or tobacco retail outlets within a certain distance of child-oriented spaces such as schools, recreation centers, and playgrounds.
- Mitigate the effects of climate change by increasing tree canopy, green space, and access to public transportation.
- Reduce traffic pattern to decrease pollution and other hazards such as injuries.
- Improve physical access to health care facilities.
- More equitably distribute resources for addressing health disparities related to race, ethnicity or income.
- Create or preserve mixed-use and mixed-income neighborhoods.

Health Priorities in Prince George’s County

While all communities can potentially benefit from a healthy zoning model, regardless of race, ethnicity or income, Prince George’s County is especially well-suited for a health-oriented approach to zoning. Despite its unique demographic status as the wealthiest predominantly African American county in the United States, Prince George’s County still faces serious health challenges. The health profile below shows key aspects of these health challenges, many of which can be meaningfully abated through healthy zoning.

Prince George’s County Health Profile

- There are 1,837 residents for every primary care physician (PCP) in the county. In Maryland, the ratio of PCP to resident is 1,153:1. Nationally, the ratio is 1,067:1.
- Two-thirds of adult residents are overweight or obese.
- Heart disease is the #1 cause of death and disability in the county, followed by cancer.
- More than 60% of the deaths in the County are due to chronic disease such as heart disease, stroke, and diabetes.
- The asthma Emergency Department visit rate was approximately 4.9 times higher among Black residents compared to White residents.

We note that in 2012 the Prince George’s County Health Department launched a 10-year Health Improvement Plan (2012-2022) for addressing “the County’s most pressing health concerns.” The County’s Health Improvement Plan identifies six priority health areas (see table below). The Department’s Health Report 2014³ provides local data “to assist planning efforts to address these critical needs as well as measure progress.”

Prince George’s County 10-Year Health Improvement Plan

- **Priority 1 -- Access to Care:** Ensure That Prince George’s County Residents Receive the Health Care They Need, Particularly Low Income, Uninsured/Underinsured Adults and Children
- **Priority 2 -- Chronic Diseases:** Prevent and Control Chronic Disease In Prince George’s County
- **Priority 3 -- Maternal and Infant Health:** Improve Reproductive Health Care and Birth Outcomes for Women in Prince George’s County, Particularly Among African American Women
- **Priority 4 -- Infectious Diseases:** Prevent and Control Infectious Disease In Prince George’s County
- **Priority 5 -- Physical Safety:** Ensure that Prince George’s County Physical Environments are Safe and Support Health, Particularly in At-Risk Communities
- **Priority 6 -- Social Safety:** Ensure that Prince George’s County Social Environments are Safe and Support Health

Goal

The goal of our written response to the Evaluation and Recommendations Report is to provide a health policy appraisal of the report, focusing on the rewrite project’s foundational capacity to address the health policy mandates set forth in Plan Prince George’s 2035 and the six health priorities set forth by the County Health Department. We seek to fully support zoning planners in their efforts to ensure that the health challenges facing Prince George’s County communities – and the potential health impact of the rewritten ordinance – are effectively addressed in the zoning rewrite process.

Evidence indicates that urban planners and zoning experts do not routinely interact with public health professionals⁴. Fortunately, as shown in Prince George’s County, that is beginning to change, as policymakers increasingly recognize that all public policy ultimately impacts health – a concept that has come to be known as *health in all policies* or HIAP. Zoning is surely no exception, given how much it impacts an array of the ‘social determinants of health’ – housing, employment, commerce, transportation, recreational options, and environmental sustainability, to name but a few. For this reason, we are quite pleased that the project manager and other members of the zoning rewrite team have been accessible to HPRC staff and to other concerned public health researchers. We believe that this early accessibility in the zoning rewrite process is indicative of the zoning rewrite team’s obvious interest in understanding the important health implications of their work.

II. HPRC ASSESSMENT OF THE EVALUATION AND RECOMMENDATIONS REPORT

Overview

The Evaluation and Recommendations Report is a comprehensive, rigorously developed document that will clearly serve a vital role in guiding the operational foundation of the zoning rewrite project. We are especially appreciative of the report's technical quality, including its readability and superb layout and design. No less astute are the report's strategic themes of making regulations more user-friendly, streamlined, and modernized; prioritizing the implementation of key goals, policies and strategies contained in Plan Prince George's 2035; and incorporating "best practices" in zoning. These attributes suggest that the report has the potential to substantively guide the zoning rewrite.

However, the central focus of our assessment is the report's fundamental orientation toward healthy zoning and its management of the health implications of the zoning. Our assessment takes place at two levels: content and process. Both assessment levels were guided by the health mandate of Plan Prince George's 2035 (See Appendices A and B) and by the County Council's articulated purpose of the new general plan:

"The purpose of Plan Prince George's 2035 is to help make Prince George's County a competitive force in the regional economy, a leader in sustainable growth, a community of strong neighborhoods and municipalities, and a place where residents are healthy and engaged."⁵

A. Content Assessment

By *content*, we refer to the quality and quantity of information in the report that appears to proactively operationalize the relationship between health and zoning. Specifically, we considered the extent to which the report aligns with the policies of Plan 2035 and explicitly locates and explains the process through which health concerns are addressed in terms of *use*, *form*, and *location* as defined below:

- a) *Use*: Regulating the purposes for which property is used (commercial or residential) and creating districts where particular uses are allowed.
- b) *Form*: Regulating the aesthetics, structure, or design elements of property.
- c) *Location*: Creating maps regulating where use and districts are allowed in the county.

In assessing content, we looked for specific terms, processes, and zoning tools that were utilized in ways that directly or indirectly address health. We looked for narrative explaining how given terms, processes, and zoning tools were being applied in ways that would prioritize and operationalize Plan 2035's health policies (Appendices A and B).

Fundamentally, we sought to understand the extent to which the Clarion Associates' report prioritizes health. For example, we noted that Section III (which discusses modernization and simplification of zoning) is 39 pages, while Section IV (which discusses the implementation of Plan 2035's goals, policies, and strategies) is only 19 pages. Similarly, we noted that Page IV-10 specifically refers to techniques to "...reduce energy usage, improve air quality, reduce heat island, and reduce negative impacts from

stormwater...”, but there is no direct reference to the health-specific and health-related policies of Plan 2035 that might be addressed in this section.

We did observe that the document contains fairly oblique health references in the sections that speak to agriculture and nutrition, transportation and walkable urbanism, green infrastructure, energy efficiency and air pollution, and noise and light pollution. Nonetheless, given the lack of health-related specificity, we generally found the content to be a substantially incomplete rendering of Plan 2035’s vision of a healthier, more productive citizenry.

In summary, the report’s content does not articulate a health stratagem within the zoning rewrite process; does not identify what major health issues need to be addressed and navigated throughout the rewrite process; and does not specify what terms, tools, and processes will be used to address these health issues in the rewriting process.

Additionally, the report does not set in place an operational standard, or some other decisional mechanism, for deciding what planners should do when competing interests naturally arise between a given health concern and other important areas of interest, such as economic development. For example, what should planners do if a proposed code for business development compromises a proposed code to promote health? What mechanism is in place to call the tie-breaker? As a key element of a health zoning model (see Attachment C), we recommend adopting a safety standard – which we refer to as the Health in All Policies (HIA) Safeguard Mechanism, which ensures that human health always trumps the competing priority. College Park has such a safety valve in their code, demonstrating a commitment to health and wellness that we consider worthy of emulation.

Together, these concerns regarding content have led us to conclude that the report has a low health policy orientation for operationalizing Plan 2035’s health mandate within the zoning rewrite process. Part IV of our response offers recommendations for strengthening the health orientation while achieving equilibrium with other competing goals and priorities.

B. Process Assessment

The Health Impact Assessment (HIA) can play a vital role in providing urban planners with the evidence-based information needed to comprehensively understand the health implications of a planning project as it relates specifically to the documented health needs and health services availability and accessibility for local communities.

We are concerned that this project has opted not to utilize a project-specific HIA. Instead, it has chosen to use an HIA from a much smaller and less complex urban planning project. While HIAs have traditionally not been popular in the United States, their use is growing. Baltimore⁶ offers an instructive model for how a health impact assessment can richly inform the planning process.

We think a comprehensive HIA for Prince George’s County is indicated because a significant body of evidence suggests a strong link between zoning and the leading causes of morbidity and mortality in the county, namely: heart disease, obesity, and asthma. These three health conditions alone result in enough emergency room visits, hospitalizations, sudden deaths, missed school days, lost productivity at work, and sizable direct and indirect costs to the County’s economy.

HIAs typically take the following form:

- *Screening* – the process that determines whether an HIA is needed;
- *Scoping* – the process that identifies the main health impacts to be evaluated;
- *Assessment* – the process that evaluates how widespread the health impacts will be;
- *Recommendations* – what do we do with what we’ve learned from the assessments;
- *Evaluation* – how will the HIA monitor the health impacts?

The first three stages – screening, scoping, and assessment – would be most germane for this phase of the zoning rewrite process.

Our view is that a project-specific HIA should precede the drafting of the final version of the Zoning Ordinance. Health should not be an afterthought, but a guiding light for determining the effects the built environment has on the County’s residents and visitors.

Community Engagement

A second important concern regarding process was the limitations apparent in the report’s community engagement endeavor.

At the most recent listening session in Riverdale there were complaints from citizens that they had not been adequately informed of the process for stakeholder input. One citizen proposed that additional sessions be added to the roster to permit more inclusion. Others were concerned about what they perceived as a bias toward developers and that developers “have more power in the process.” One community member expressed concern about “the McDonald’s and Burger Kings that will not go away.” Generally, there appeared to be an assumption by representatives of Clarion Associates and the Planning Department that these concerns received adequate response; but we noted that there was not much discussion in the room about the potential health impacts of the rewrite.

The limited conversation about the health impact of the rewrite mostly focused on increasing residents’ access to nutritious food via farmers markets and neighborhood gardens. Although we were a little surprised that relatively few citizens raised the issue, we know that stakeholders are eager to improve the health outcomes in their community whenever possible.

The most direct reference to health and wellness came from a citizen concerned about whether or not the zoning rewrite would make good on the promise of making the county more walkable (and safe for cyclists) in places where state highways make that difficult. The response to the citizen’s question was not clear enough to inspire confidence that these issues were ‘top of mind’ for the rewrite process.

III. CONCLUSION

It is our overall assessment that the Evaluation and Recommendations report does not have a strong health orientation because it does not adequately address the question of exactly how the health mandate of Plan Prince George’s 2035 will be operationalized throughout the rewriting effort. Significant limitations in both the *content* and *process* of the report clearly suggest that the prioritization of health – as a mandate set by the guiding document – will need to be significantly stepped up if the county is to align the zoning rewrite project with its six health priorities.

Upping the bar on health will require a tactical and innovative reassessment of the terms, processes, and zoning tools – such as a project-specific Health Impact Assessment and an HIAP Safeguard Mechanism – that might be used to achieve a “healthy zoning” model. Additionally, as the rewrite

process goes forward, greater attention should be given to improving community engagement. In support of the zoning rewrite team's efforts to strengthen the link between the zoning rewrite project and the health mandate of Plan 2035, we offer the following recommendations.

IV. RECOMMENDATIONS

1. Prince George's County should adopt a "health in all policies" approach in which every aspect of the new Zoning Ordinance prioritizes health and wellness.
2. The County should perform a comprehensive, county-wide, project-specific health impact assessment (HIA) to forecast the impact that the new zoning ordinance will have on the health of residents and visitors of Prince George's County. Baltimore just concluded a similar process. This would represent vital input for the final zoning document, and should be completed before the final draft of the Zoning Ordinance is written. This process is probably best outsourced to another agency or organization with the requisite expertise. (See Plan 2035's policy in section HC1.2 in Appendix A.)
3. The new Zoning Ordinance should contain the tools necessary to implement Plan 2035, rather than work at cross-purposes or impede its implementation in any way. (See Plan 2035's policies in HC1.1 and HC1.2 in Appendix A.)
4. The zoning rewrite process should contain a Health in All Policies Safeguard Mechanism to ensure that human health is prioritized at the decisional intersection that arise over competing interests.
5. The new Zoning Ordinance should promote transit-oriented growth and mixed use development, to encourage more physical activity and reduce the use of single occupancy vehicles. The Clarion Associates' report alludes to this priority, but would do well to consult Plan 2035's mandates in HC3.3 in Appendix A, and Policy 3 in Appendix B. This will in turn reduce greenhouse gas emissions and help mitigate the impact of climate change. More immediately, it will also help reduce urban sprawl in the county.
6. Convenient access to fresh nutritious food and a reduction in the amount of unhealthy foods can be influenced by zoning. The new Zoning Ordinance should prioritize this outcome in order to help mitigate the county's obesity epidemic. (See Plan 2035's policy HC2.3 in Appendix A.)
7. Improved environmental quality – cleaner air, cleaner water, less pollution from a variety of other toxins – will result in fewer hospitalizations due to asthma and heart disease, among other maladies. The new Zoning Ordinance should pursue the outcome of improved environmental quality. The Clarion Associates report is already headed in that direction.
8. The new Zoning Ordinance should have built-in mechanisms to measure its effectiveness relative to improving the health of all Prince Georgians.
9. The new Zoning Ordinance should borrow from the successes of surrounding and constituent jurisdictions, such as Montgomery County and College Park.
10. Community engagement matters. Planners should take every effort to hear from interested stakeholders and ensure that the zoning rewrite is reflective of that feedback. Community members of Prince George's County should be aware of the

role that the Clarion Associates plays in the zoning rewrite process, what qualifies the Clarion Associates to conduct this work, their past work in other jurisdictions around the nation, and their presumed health outcomes.

V. APPENDICES

- Appendix A: Health-Specific Policies in Plan 2035
- Appendix B: Health-Related Policies in Plan 2035
- Appendix C: Health Zoning Model

Appendix A. Health-Specific Policies in Plan 2035

Policy 1 Integrate community health into the master plan and development review processes.

- HC1.1 Incorporate new, and update existing, community health elements as master and sector plans are developed and amended. Assess the impact the proposed development pattern has on community health and wellness and identify strategies to enhance access to healthy food and recreational opportunities, improve connectivity between communities and residential and commercial areas, and address gaps in pedestrian and bicycle infrastructure. Coordinate with the Health Department, the Food Equity Council, the Department of Parks and Recreation, and local and regional nonprofits.
- HC1.2 Reevaluate and enhance the existing Health Impact Assessment process to improve its effectiveness and consider whether revisions should be made to address specific health impacts, including, indoor air quality and potential exposure to hazards, such as lead paint.

Policy 2 Improve residents' access to fresh foods, in particular for households living in low-income areas with limited transportation options, and promote sources of fresh foods countywide.

- HC2.1 Evaluate and revise, as appropriate, the County Code to accommodate urban agriculture and ease restrictions on the production of locally-grown food.
- HC2.2 Evaluate and revise, as appropriate, the County Code and incentive programs to reduce the prevalence of food swamps.
- HC2.3 In partnership with local nonprofits and community groups, the County Health Department, and the Department of Parks and Recreation, identify suitable local infill, brownfield, and other sites that may be appropriate for urban agriculture activities, community gardens, and farmers' markets during the master planning process.
- HC2.4 Incentivize, through tax abatements or other mechanisms, full-service grocery stores in designated regional urban transit centers and food deserts.
- HC2.5 Support the Prince George's County Food Equity Council.

Policy 3 Educate and build awareness of health and wellness initiatives that prevent and control chronic disease.

- HC3.1 Develop online tools and GIS mapping to inform the general public of food swamps and food deserts. Annually update mapping and data collection.
- HC3.2 Assist the Health Department with education efforts as outlined in the ongoing 2011-2014 Prince George's County Health Improvement Plan.
- HC3.3 Build on existing state and local programs and collaborate with the Department of Parks and Recreation, the Board of Education, municipal partners, and others to educate residents of all ages and businesses on healthy lifestyles.

Policy 4 Improve access to health services and programs.

- HC4.1 Work with the Department of Health, the Maryland State Community Health Resources Commission, and Maryland Department of Health and Mental Hygiene to evaluate, leverage, and replicate the achievements of the HEZs in the county.

Appendix B. Health-Related Policies in Plan 2035

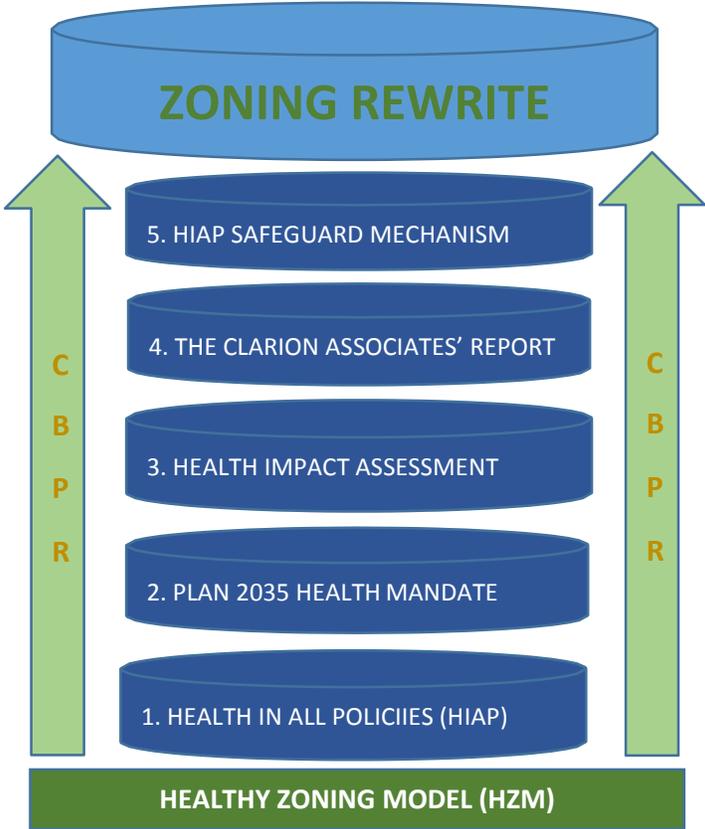
Policy 1 *Ensure public facilities provide efficient and equitable service to existing and future county residents and businesses.*

- PF1.1 Encourage colocation of compatible and complementary public facilities, such as libraries and community health centers, and services where colocation improves service delivery and optimizes intergenerational and intercultural use.

Policy 3 *Provide and maintain multimodal access to existing public facilities.*

- PF3.1 Coordinate the county complete streets policy (see Transportation Element) with school route analysis, planning, and implementation by the Prince George's County Planning Department, the Board of Education, Department of Public Works and Transportation, and municipalities.
- PF 3.2 Incorporate Safe Routes to Schools principles when building and renovating school facilities, school sites, and associated infrastructure.

Appendix C. Healthy Zoning Model for the Prince George's County Zoning Ordinance Rewrite



Endnotes

¹ Rossen, LM, Pollack, KM. Making the connection between zoning and health disparities. *Environmental Justice*, Volume 5, Number 3, 2012. Available online at: [http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-a-livable-](http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-a-livable-future/pdf/research/cif_reports/zoning%20health%20disparities%20Rossen%20Pollack.pdf)

[future/pdf/research/cif_reports/zoning%20health%20disparities%20Rossen%20Pollack.pdf](http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-a-livable-future/pdf/research/cif_reports/zoning%20health%20disparities%20Rossen%20Pollack.pdf)

² Khan, L, Sobush K, Keener D, Goodman K, Lowry, A, Kakietek, J, Zaro, S. MMWR, Centers for Disease Control and Prevention (CDC), July 24, 2009. Recommended community strategies and measurements to prevent obesity in the United States. Available online at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>

³ Prince George's County Health Department. *Health Report 2014*. Available online at:

<http://www.princegeorgescountymd.gov/sites/Health/ContactUs/Publications/Documents/2014%20health%20report%20v4-08-14%20no%20blank%20pages.pdf>

⁴ Botchwey, ND, Hobson SE, Dannenberg AL, Mumford KG, Contant CK, McMillan TE, Jackson, RJ, Lopez R, Winkle, C. *A model curriculum for a course on the built environment and public health: training for an interdisciplinary workforce*. *Am J Prev Med*. 2009 Feb; 36(2 Suppl):S63-71.

⁵ Plan Prince Georges 2035, Approved General Plan, Statement released by the Prince George's County Planning Board, June 12, 2014. Available online at http://www.pgplanning.org/News/Press_Releases/Current_Releases/6-12-14.htm

⁶ Center for Child and Community Health Research. Johns Hopkins University, Baltimore City. (2010). *Zoning For A Healthy Baltimore: A Health Impact Assessment of The Transform Baltimore Comprehensive Zoning Code Rewrite*. Available online at: http://www.hiasociety.org/documents/BaltimoreHIA_FullReport.pdf