ZONING AND HEALTH: A CASE STUDY OF THE TRANSFORM BALTIMORE ZONING REWRITE

April 16, 2013
American Planning Association National Conference
Chicago

Amelia Greiner, PhD
Assistant Professor
Bloustein School of Planning and Public Policy
amelia.greiner@rutgers.edu
THE BALTIMORE ZONING REWRITE

- First comprehensive rewrite since 1971
- Goals of TransForm Baltimore
  - Simplify the code,
  - Create new tools to guide city investments, and
  - Preserve the unique character of Baltimore
- Motivation
  - Comprehensive Plan requirement
  - Promote mixed use around new transit
  - Reinvigorate marginal industrial land
  - Existing code cumbersome, outdated, difficult to use
ZONING AND HEALTH?

- **Food**: Mixed use, categories and location of food retail, farmers markets, community gardens, urban agriculture, use standards
- **Alcohol**: Location and density of alcohol outlets
- **Physical activity/Walkability**: Mixed use, lighting, design standards i.e. first floor transparency, landscaping, Transit Oriented Development (TOD)
- **Crime and violence**: pedestrian design, location and density of alcohol outlets
- **Housing**: Lot size, housing mix, conversions, “mother-in-law apartments,” accessory dwelling units
- **Water and air quality, urban heat islands**: Buffers, setbacks, landscaping, pervious surface, parking, TOD
- **Access to medical care**: Location of clinics, group homes
- **Sustainability**: solar panels, rain barrels, bike parking, TOD, housing size
FOCUS OF HIA

- Built environment features that might affect obesity
  - Pathways
    - Direct
      - Physical Activity
        - Mixed use
        - Pedestrian design
    - Nutrition
      - Food outlets
      - Mixed use
      - Urban agriculture
  - Indirect
    - Violent Crime (presence of crime limits Physical Activity)
      - Alcohol outlets
      - Pedestrian design

ZONING FOR A HEALTHY BALTIMORE
A HEALTH IMPACT ASSESSMENT OF THE TRANSFORM BALTIMORE COMPREHENSIVE ZONING CODE REWRITE
Center for Child and Community Health Research | Johns Hopkins University | Baltimore City 2009-2010
Nationally, higher alcohol outlet density is consistently associated with higher rates of violent crime, such as homicide, aggravated assault, rape, robbery, and burglary (Campbell 2009)

Density
- Yu 2009 - Los Angeles, CA
  - Positive association among alcohol outlet density and assault
  - Reduction in assault following reduction in outlets
- Wallace 2010 – Washington DC
  - Outlet density positively associated with violence
  - Independent of weapons and drugs
- Reid 2003 – Kansas City, MO
  - Density of outlets significantly added to prediction of assaultive violence
- Zhu 2004 – San Antonio and Austin, TX
  - Significant predictor of neighborhood violent crime
  - Independent effect, controlled for poverty, race and vacant housing

Type of outlet
- Branas – 2009
  - High off premise density doubled risk of being shot in an assault
  - High on premise density did not change risk
- Scribner – New Orleans
  - 10% increase in density of off premise outlets, increase homicide by 2.4%
HIA FINDINGS RELATED TO ZONING CHANGE AND ALCOHOL

“Percentage of Baltimore residents living in neighborhoods that allow off-premise alcohol sales outlets would triple from 9% to 27.”

“Residents of high poverty communities would be 50% more likely to live in a neighborhood that allows off-premise alcohol sales outlets than residents of low poverty communities (33% vs. 20% respectively).”
RECOMMENDATIONS FROM HIA – SEPT 2010

- Focus on NEW, off-premise outlets
- Prevent concentration, particularly in low-income areas
  - Spacing standards
  - Allow conditionally rather than by right
  - Create a separate conditional use process that more expressly addresses public health concerns
- Crime prevention through environmental design
- Align definitions in the zoning code with Liquor Licensing Board
- Include other comprehensive planning strategies
  - “Deemed approved” ordinances that had been used successfully in California to reduce problems associated with alcohol outlets
  - Collaboration with other agencies
Spring 2011
- Focus shifted to EXISTING alcohol outlets
- Rationale
  - Health challenge comes from existing outlets
  - Zoning can address nonconforming uses
    - 188 nonconforming taverns
    - 105 nonconforming liquor stores
  - Nonconforming since 1971
- Agreement among key players that existing outlets are the problem

May 2011 - new City Health Commissioner committed to reducing alcohol outlet density by 15% in Healthy Baltimore 2015
ALCOHOL OUTLETS AND BALTIMORE

- Currently 1300 licenses
- Based on population, should be 625 licenses
- Concentrated in low income, minority neighborhoods (LaVeist and Wallace, 2000)
“In order to get a comparable ratio for health promoting outlets, we would need 30 times as many grocery stores and 4 times as many parks or open spaces as we currently have. In order to truly promote healthier communities, it shouldn't be easier to walk to your nearest package goods store than it is to walk to a supermarket or park. Through our NHI we heard loud and clear that communities are alarmed by the public health harms caused by increased density and more than half of residents rank density as one of their top 10 concerns.”

- Health Commissioner Dr. Oxiris Barbot, Testimony to Planning Commission, November 29, 2012
Alcohol Outlet Density Reduction - Zoning Strategy

- Liquor Stores in Residential Zones required to stop selling alcoholic beverages within two years after effective date of Ordinance. (18-701)

- Taverns will be required to meet the zoning definition of Tavern (1-314 and 14-336) within two years after effective date of Ordinance. (18-702)

- New Liquor Stores may be not be closer then 300 feet to an existing store, except in downtown. (14-335)
Tempers flare at hearing on city liquor store plan
Residents and store owners clash over proposed crackdown on "non-conforming" liquor stores.

Fern Shen | March 19, 2013 at 5:03 pm | Story Link | 20

Closing liquor stores in poor communities will improve public health
Jay Park of the Charles Village Schnapp Shop said

New zoning code draws howls from liquor store owners
Published: January 16, 2013

Liquor stores aren't what cause violent crime
June 22, 2012

The city health officials who plan to strip non-conforming liquor stores of their licenses because of a Johns Hopkins University study linking them to violent crime may be correct in causation ("City targets liquor stores", June 18). The distinction is important, because if the liquor stores are not causing the crime, then closing them won't cause it to drop and could even exacerbate the crime.
**LEGISLATIVE UPDATES**

- March 21, 2013: Planning Commission voted to approve proposed zoning legislation, including changes related to alcohol outlets (8 support, 1 oppose)
- April 3, 2013: Beginning of City Council Hearings

---

*THE BALTIMORE SUN*

City zoning overhaul is approved by planning commission

Legislation, which includes phase-out of some liquor stores, now goes to City Council for approval.

---

*WBALTV.com*

City expected to ban residential liquor stores

Leaders: Data shows more crimes surround those stores

---

City Planning Commission approves liquor store zoning change

Many store owners who may get forced out continue to fight ban
TRANSLATION OF RESEARCH TO PRACTICE

- Attention to a public health concern that otherwise may have been missed as part of the rewrite
- Ignited discussion on innovative solutions to violence in the city
- Need for engagement beyond the HIA report
  - Observing meetings/hearings
  - City agencies
  - Local leaders
  - Media
  - Community groups
- Much longer process than any party expected
Thank you to many collaborators and Baltimore City Agencies

Questions?
Amelia Greiner, PhD
amelia.greiner@rutgers.edu
Health Impact Assessment: Lessons Learned in 4 Case Studies

APA 2013

Don Kostelec, AICP
Asheville, NC

Chris Danley
Boise, ID
North Carolina Case Studies

Haywood County Comprehensive Bicycle Plan

Robbinsville Pedestrian Connectivity Plan

Buncombe County Greenways & Trails Master Plan

CAMPO Northeast Area Study: Wake Co. & Franklin Co.
Why are we doing them?

• Curiosity.
• Health professionals advised to get involved in planning & built environment issues
  – Need for planning community to inject itself into health-related efforts & policies
• Cross-pollination of professions
  – Explore & research common ground
• Introduce advocates to new tools and methods
• Impact the overall conversation
  – Break down silos
  – Have conversations that might not occur otherwise
## HIAs: Degree of Complexity / Required Inputs

<table>
<thead>
<tr>
<th>Sample Plans or Projects</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Impact Assessment, Long-Range Transportation Plan, Statewide Strategic Corridors Plan, Complete Streets Policy</td>
<td>Long-Distance Corridor Plan, Transit Service Plan, Greenways Plan, Bicycle or Pedestrian Plan</td>
<td>Capital Improvement Plan, Focused Corridor Plan, Feasibility Study, Project Design</td>
<td></td>
</tr>
</tbody>
</table>

### Degree of Complexity / Required Inputs Increases

<table>
<thead>
<tr>
<th>Primary Influence</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Impact Assessment, Long-Range Transportation Plan, Statewide Strategic Corridors Plan, Complete Streets Policy</td>
<td>Long-Distance Corridor Plan, Transit Service Plan, Greenways Plan, Bicycle or Pedestrian Plan</td>
<td>Capital Improvement Plan, Focused Corridor Plan, Feasibility Study, Project Design</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Breadth of Analysis</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive considerations, including several influences to transportation outcomes (e.g. land use, economics, access, mobility).</td>
<td>Comprehensive considerations, along with more specific interests tied to the geographic area of focus.</td>
<td>Site specific analysis and solutions to generate discrete health-based influences.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participation / Engagement</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broad multi-disciplinary interests.</td>
<td>Broad multi-disciplinary interests, plus specific stakeholders with interest only in that particular geography.</td>
<td>Impacted individuals and stakeholders, including properties, businesses and organizations.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulatory Integration</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major regional/community-wide stakeholders with health-based interests. Agencies and departments specific to health.</td>
<td>City or neighborhood-based stakeholders with health-based interests. Agencies and departments specific to health or neighborhood health centers.</td>
<td>City/Town/County-specific input and feedback, including any geographically-specific demographic and health data.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Methods</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshops, multi-disciplinary scans of policies, programs and plans. More qualitative analysis with feedback loop once plan outcomes are known. Broad mapping.</td>
<td>Focused on most relevant components of health in relation to the plan or project. More specific mapping on activity generators.</td>
<td>Safety and health walking audits with specific subject area outcomes. Detailed mapping of the corridor or area for activity generators.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scale of Health Impacts</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Historic trends and regional data, outcomes likely to be more qualitative in nature and general in breadth due to broader observations.</td>
<td>Outcomes more specific to the geographic area; emphasis on specific segments of the population; quantitative outcomes more likely due to greater detail of proposed projects.</td>
<td>Assessment made on direct impacts of proposed projects with details made clear. Impacts would be based on case studies and documented impacts from similar projects and populations affected.</td>
<td></td>
</tr>
</tbody>
</table>

Sketches by Chris Walsh, ASLA.
Lessons Learned: Data
Defining priorities based on HIA

**Tier 1 Priority Area**
**Weaverville Area**
Area has higher than county averages for older adults, non-English speaking residents and residents under the age of 18. Linkages along streets to connect trails to downtown Weaverville and other nearby destinations, as well as program investments should be high priority.

**Tier 2 Priority Area**
**Emma / Woodfin / N. Asheville**
Lower than median income rates, higher than county averages for older adults, non-English speaking residents, and residents under the age of 18 make routes in this area a priority. This area is where greenway routes are most likely to also become vital transportation routes for area residents.

**Tier 1 Priority Area**
**Deaverview / Leicester Hwy.**
This area had the higher number of indicators of poor health based on population demographics, including African-American and Hispanic households, residents below the age of 18, and household income lower than the county median. Sidewalk improvements connecting schools, grocery stores, bus stops and future greenways should be a high priority.

**Tier 2 Priority Area**
**S. Asheville / Royal Pines**
A high concentration of older adults and non-white residents in these corridors. The area has very few non-motorized transportation options available to residents and connecting major destinations.

**Greenway Category %**
- <30%
- 30-40%
- 41-50%
- >50%

**Tract Category %**
- <30%
- 30-40%
- 41-50%
- >50%

Legend:
- Existing Greenways
- Municipalities
Lessons Learned: Past Efforts

- Plans: Any and all.
- Community Health Assessments
- Almost all planning and health documents have goals, objectives, graphics, recommendations and policy outcomes.
  - What health themes are contained within them?
- An agency’s budget is a policy document with several health-related expenditures, direct and indirect
# Evaluating Goals/Objectives

## Build Bicycle Infrastructure & Other Improvements:

**Engineering-based infrastructure for bicycle routes and parking**

<table>
<thead>
<tr>
<th>Evidence of Increasing Physical Activity</th>
<th>Potential Negative Impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate Evidence of Increased Physical Activity</td>
<td>Improper design, driver conflict</td>
</tr>
<tr>
<td>Little Evidence of Increased Physical Activity</td>
<td>Improper design, driver conflict, limited riding skills of casual riders</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prioritize bikeways that connect destinations such as downtowns, schools, neighborhoods, lodging &amp; parks. (6)</th>
<th>Moderate Evidence of Increased Physical Activity</th>
<th>Improper design, driver conflict</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create a county—backbone loop (Haywood Hub) as a priority route to connect the population centers of the county between Waynesville and Canton. (6)</td>
<td>Moderate Evidence of Increased Physical Activity</td>
<td>Improper design, driver conflict, limited riding skills of casual riders</td>
</tr>
<tr>
<td>Designate and improve pocket areas in existing communities that can serve as learn-to-ride areas. (7)</td>
<td>Little Evidence of Increased Physical Activity</td>
<td>None</td>
</tr>
<tr>
<td>Construct bicycle lanes along major arterial roadways and greenways along major rivers and streams. (8)</td>
<td>Moderate Evidence of Increased Physical Activity</td>
<td>Improper design, driver conflict</td>
</tr>
<tr>
<td>Provide safe space via shoulders or other treatments when bicycle lanes are not feasible or practical. (6)</td>
<td>Moderate Evidence of Increased Physical Activity</td>
<td>Improper design, driver conflict, debris</td>
</tr>
<tr>
<td>Install signage and other bicycle-friendly markings to delineate bicycle routes. (9)</td>
<td>Little Evidence of Increased Physical Activity</td>
<td>None</td>
</tr>
<tr>
<td>Erect bicycle parking in downtown areas and at other major attractors and destinations. (9)</td>
<td>Little Evidence of Increased Physical Activity</td>
<td>None</td>
</tr>
</tbody>
</table>

## Develop Support Facilities & Programs:

**Help attract bicyclists to the community & connect bicyclists to facilities.**

<table>
<thead>
<tr>
<th>Evidence of Increasing Physical Activity</th>
<th>Potential Negative Impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong Evidence of Increased Physical Activity</td>
<td>Improper design of connections</td>
</tr>
<tr>
<td>Moderate Evidence of Increased Physical Activity</td>
<td>Improper design of connections, litter</td>
</tr>
<tr>
<td>Little Evidence of Increased Physical Activity</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Identify a location for a cycling sports complex that could include a velodrome, BMX track and mountain bike trails. (10)</th>
<th>Moderate Evidence of Increased Physical Activity</th>
<th>Improper design of connections, litter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop and enhance mountain bike trails in natural settings such as the Rough Creek watershed area. (10)</td>
<td>Moderate Evidence of Increased Physical Activity</td>
<td>Improper design of connections, litter</td>
</tr>
<tr>
<td>Organize a multi-stage road race in Haywood County and surrounding counties. (11)</td>
<td>Little Evidence of Increased Physical Activity</td>
<td>None</td>
</tr>
<tr>
<td>Develop natural trails above Lake Logan and near other water features. (10)</td>
<td>Moderate Evidence of Increased Physical Activity</td>
<td>Improper design of connections, litter</td>
</tr>
<tr>
<td>Encourage a bicycle rental program through a public facility or bicycle shop. (12)</td>
<td>Little Evidence of Increased Physical Activity</td>
<td>Limited riding skills of casual riders</td>
</tr>
<tr>
<td>Conduct non-race competitions such as Biggest Loser Cyclist. (11)</td>
<td>Little Evidence of Increased Physical Activity</td>
<td>None</td>
</tr>
</tbody>
</table>
Lessons Learned: Methods

- Don’t assume they know what you know (and vice versa)
  - Cross-pollination of health and planning profession is essential and tricky
- Define how you want to tailor the message for the audience
  - Professionals
  - Public
  - Elected officials
- What are the key messages you want to articulate?
Lessons Learned: Methods

Visual Preference Survey, emphasizing health impacts of facility design

I want to conduct a Health Impact Assessment on a greenway.

6 Station Reflection Walk

Creation of Logic Framework
Health Impact Walkabout

Health Impact Walk—Asheville’s Glenn’s Creek Greenway

We will be taking a one-mile walk along the Glenn’s Creek Greenway from UNC Asheville to Merrimon Avenue. There are six (6) stations along the route (marked on the greenway with chalk) where we want your group to stop and spend 5-10 minutes discussing the station’s topic.

Think about each question and how it pertains to health behaviors and the more upstream determinants of health. Your group will not necessarily visit each station in alphabetical order.

---

A. Social & Cultural Influences
How can greenways & trails enhance access to and provide new opportunities for our cultural resources? How could specific attributes of both the values and the culture of Buncombe County residents be reflected in the greenways?

---

B. Safety & Security
Consider how safety/hazards/crime may influence use of greenway trails. What safety features could enhance greenway or trail use? What hazards or security issues could detract from its use?

---
**Logic Framework**

**Health Claims Logic Model**

A Healthy Claims Logic Model is in essence a logic framework which attempts to determine how the proposed plan, project or policy will ultimately impact community health. The anticipated health impacts are the likely impacts made on human health resulting from the immediate impacts identified.

**Construct greenways along Priority Corridors and implement programs as identified in the Buncombe County Greenways & Trails Master Plan.**

**What do you think could be an immediate impact?**

- **Mental Health**
  - Stress reduction
  - Friendlier communities/cohesion
  - Family bonding

- **Physical Activity & Nutrition**
  - Increased physical activity
  - Encourage different behaviors
  - Access to farmer’s market/community gardens/edible landscapes

- **Transportation & Safety**
  - Use for transportation
  - Less cars on the road
  - Increased traffic safety (vehicular, bike, pedestrian, change in exposure)

- **Economics**
  - More jobs/contracts/bike sales
  - More businesses along route
  - Increased property values
  - Business recruitment
  - Housing displacement potential

- **Community**
  - Soften political stances
  - Increased pride
  - Opportunity to change how we teach/learn (example: driver’s education being taught because of roads/cars; opportunity for shift to teach bike safety/commuting)
  - Media attention
  - Visibility/more use
  - Pushback/skepticism
  - Neighborhood/resident reaction

- **Environment**
  - Increased awareness/access to natural environment
  - Improved air quality

**What do you anticipate would be the health impacts?**

- **Physical Health**
  - Respiratory
  - Decreased respiratory conditions
  - Cardiovascular
  - Improved physical fitness
  - Injury
  - Decreased injuries from bike crashes
  - Reduced injury from falls (seniors)

- **Mental Health**
  - Increased happiness
  - Improved mental health
  - More time in nature (link to mental health)
  - Improved social capital (support systems, interaction) affecting mental, financial and physical well-being
  - Building self-esteem (addressing teen pregnancy and other adolescent issues)
  - Improved social capital (support systems, interaction) affecting mental, financial and physical well-being

- **Determinants of Health**
  - **Economy**
    - Healthier workforce and subsequent economic savings
    - Increased economic capacity for healthcare, food, etc.
  - **Education**
    - Improved school outcomes (affecting discipline and dropouts)
  - **Family Influence**
    - Parental influence on child behavior
  - **Health Equity**
    - Improve health disparities among low income people
## Evaluating Health Claims

<table>
<thead>
<tr>
<th>Health Outcome/Determinant</th>
<th>Direction and Extent</th>
<th>Likelihood</th>
<th>Distribution</th>
<th>Quality of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress reduction$^1,2$</td>
<td>▲▲▲</td>
<td>Likely</td>
<td>Effect linked to green/natural spaces. Equal impact</td>
<td>**</td>
</tr>
<tr>
<td>Social connection and social capital$^3,4,5,6,7$</td>
<td>▲▲▲</td>
<td>Likely</td>
<td>Residents of higher density neighborhoods more impacted</td>
<td>***</td>
</tr>
<tr>
<td>Improved attention</td>
<td>▲▲</td>
<td>Possible</td>
<td>Effect linked to increased exposure to nature and natural play settings. Adults in urban settings$^8$ and children with ADHD diagnosis$^9$ more impacted.</td>
<td>**</td>
</tr>
<tr>
<td>Family bonding</td>
<td>◊</td>
<td>Uncertain</td>
<td></td>
<td>*</td>
</tr>
<tr>
<td><strong>Physical Activity (PA)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased PA</td>
<td>▲▲▲</td>
<td>Likely</td>
<td>Residents within 1 mile of trail$^{10}$ &amp; targeted by promotional activities. Women, low SES &amp; sedentary residents likely to be more impacted by trails.</td>
<td>** (mixed results in the literature$^{11}$)</td>
</tr>
<tr>
<td>Increased PA with increased street and pedestrian connectivity to non-residential destinations$^{12, 13, 14}$</td>
<td>▲▲▲</td>
<td>Likely</td>
<td>Equal impact</td>
<td>**</td>
</tr>
<tr>
<td>Increased PA with access to pedestrian facilities (e.g. sidewalks, walking trails)$^{15, 16, 17, 18, 19}$</td>
<td>▲▲▲</td>
<td>Likely</td>
<td>Women over 40; residents with household incomes under $20,000; sedentary people$^{20}$ more impacted</td>
<td>*** (conflicting evidence$^{21}$)</td>
</tr>
<tr>
<td>Increased cycling with new bicycle lanes$^{22, 23}$</td>
<td>▲▲</td>
<td>Possible</td>
<td>Not specified; most research conducted in major urban settings</td>
<td>***</td>
</tr>
<tr>
<td>Increased PA with seeing others in neighborhood physically active</td>
<td>▲▲▲</td>
<td>Possible</td>
<td>African American women$^{24, 25}$; rural, white adults$^{26}$ more impacted</td>
<td>**</td>
</tr>
<tr>
<td>Increased PA with enjoyable scenery$^{27, 28}$</td>
<td>▲▲▲</td>
<td>Possible</td>
<td>Lower income residents more impacted</td>
<td>** (conflicting evidence$^{29}$)</td>
</tr>
<tr>
<td>Increase PA with perception of safety$^{30}$</td>
<td>▲▲▲</td>
<td>Uncertain</td>
<td>White adults more impacted</td>
<td>** (conflicting evidence$^{31}$)</td>
</tr>
</tbody>
</table>
References in Exhibit 4.6


34. Ibid

35. Ibid

36. Ibid

Defining Roles & Responsibilities for Monitoring

**Healthy Haywood**

BMI at Haywood County Schools. Continue this effort and correlate the information with any new bicycle facilities to determine changes. If possible, this program should also include middle or junior high school students. (Annual)

**Haywood County Schools**

Conduct Show of Hands Bicycle Travel Survey. During the Fall and Spring, a show of hands survey should be conducted for a one-week period twice per school year. The format should follow Safe Routes to Schools guidelines and will indicate intensity of riding for elementary but also middle, junior and high school levels. This data may show increases over time and demonstrate correlation between education and infrastructure projects and increased riding. (Semi-Annual)

**All Agencies**

Data Correlation Meeting. Each year the participating organizations should reconvene to compare data, discuss activities implemented during the past year and upcoming plans, programs or policies that the other organizations should be made aware of. Future collaboration will help bolster community health both in terms of data collections and awareness in Haywood County. (Annual)

**Haywood Community College**

Campus Bicycle Use Survey. Similar to counts, counting bicyclists for a given period of time on campus each year clearly shows level or riding and percentage of trips. The count data should be compared with route infrastructure improvements and campus improvements. A formalized survey in conjunction with counts should also be conducted to better gauge both barriers to and perceptions of riding. (Annual)

**Student BMI Measures**. As part of student orientation or health and physical education classes, HCC should measure students’ BMI. This data will eventually mesh with Haywood Elementary data to show regional BMI levels. (Annual)

**French Broad River MPO & Land of Sky RPO**

Mode Share Survey. Conducting a mode share survey will show how people in Haywood County typically travel, specifically which mode they chose. Keeping the data over time could begin to show an increase in bicycle use for both utilitarian and recreational trips, again demonstrating a relationship between county, city and school efforts with citizens’ behavior and health. This could be combined with Household Travel Surveys conducted as part of Long Range Transportation Plan updates. (Every 3 to 5 years)
To Access Presentation

@KostelecPlan

Presenters:
Chris Danley
Boise, ID
cdanely@vitruvianplanning.com
208.570.3561

Don Kostelec, AICP
Asheville, NC
don@kostelecplanning.com
828.989.5811
HEALTH IMPACT ASSESSMENT AND THE NATIONAL PREVENTION STRATEGY

American Planning Association National Planning Conference
Chicago, IL
April 17, 2013

James E. Dills, MUP MPH
jdills@gsu.edu
Council Commitment:
The National Prevention Council will identify opportunities to consider prevention and health within its departments and encourage partners to do so voluntarily as appropriate.
CDC &
PUBLIC HEALTH INSTITUTES

Centers for Disease Control and Prevention

Georgia Health Policy Center

National Network of Public Health Institutes

ophi

Oregon Public Health Institute
COUNCIL AGENCIES

• Building relationships through screening process
• Identified projects where HIA/Health in All Policies assistance would be useful
HIA PROJECTS

• Designated Housing Rule (HUD)
• Healthy, Vital, & Strong Communities in Northwestern Vermont (HUD)
• Proctor Creek Green Infrastructure Plan (EPA)
• Georgia Multimodal Passenger Terminal (DOT)
• The German Gerena Community Elementary School Air Quality Remediation (EPA)
DESIGNATED HOUSING RULE
DESIGNATED HOUSING RULE

• Proposing new regulations to clarify and streamline procedure for Public Housing Authorities to designate housing for elderly and disabled families

• HUD staff identified this rulemaking as an opportunity to pilot HIA as a way to systemically identify important health implications and develop recommended actions to address them

• OPHI collaborating with Health Impact Project to lead and produce this HIA
HEALTHY, VITAL, & STRONG COMMUNITIES IN NORTHWESTERN VT
HEALTHY, VITAL, & STRONG COMMUNITIES IN NORTHWESTERN VT

• Shift to a Health in All Policies (HiAP) perspective for this HUD Sustainable Planning Grantee because traditional HIA not needed

• GHPC conducted a series of HiAP workshops to help stakeholders and the project team operationalize health as part of grant activities

• Framing HIA as part of HiAP
PROCTOR CREEK
GREEN INFRASTRUCTURE PLAN

- Neighborhoods within this Atlanta watershed experience overlapping environmental and public health issues
- GHPC will assist EPA Region 4 and its partners in conducting an HIA of green infrastructure plans in the area
- HIA to be utilized by EPA and its partners to promote improvements in green infrastructure as a measurable means to improve public health
GEORGIA MULTIMODAL PASSENGER TERMINAL
GEORGIA MULTIMODAL PASSENGER TERMINAL

- HIA incorporated into Environmental Impact Statement (EIS) for large transportation facility
- GHPC working with CDC as participating agency in EIS process, including FTA, EPA, GDOT, and private sector partners
- Envisioned as a demonstration project that raises awareness of and interest in HIA for future transportation projects
THE GERMAN GERENA COMMUNITY ELEMENTARY SCHOOL AIR QUALITY REMEDIATION
City of Springfield, MA plans to spend $2M on mitigating poor air quality at this school in an environmental justice community.

Stakeholders requested EPA support to understand which renovations could be most successful in reducing health impacts.

OPHI assisting EPA Region 1 in conducting HIA as structured process for working with the community and providing useful, trusted information.
THANK YOU

Jimmy Dills
Georgia Health Policy Center
jdills@gsu.edu
S684: Promoting Community Health in Planning Decisions

Katherine Hebert
Introduction of Presenters

- Chris Danley, Principal, Vitruvian Planning
cdanley@vitruvianplanning.com

- James Dills, Research Associate, Georgia Health Policy Center, Georgia State University, jdills@gsu.edu

- Amelia Greiner, Assistant Professor, Edward J. Bloustein School of Planning and Public Policy, Rutgers, amelia.greiner@rutgers.edu

- Katherine Hebert, Davidson Design for Life Coordinator, Town of Davidson, NC khebert@townofdavidson.org

- Don Kostelec, Principal, Kostelec Planning,
don@kostelecplanning.com
“A half-century of suburban development patterns has made Americans less healthy and has limited their choices. Now more than ever, professionals need to form new alliances or revive old ones to address the enormous challenges of the 21st century. Planners and public health professionals need to work together. They must work together. It’s time to come home. Our communities need us.”

Mitchell Silver, NCMJ 2012
What is HIA?

- Marriage between public health, planning, and policy
- Process involving expert opinions, research, and community engagement
- Purpose is to inform decision-makers of the potential health impacts of their decision
Why is HIA important?

- Problem: Chronic disease and loss of life
10 Leading Causes of Death in the United States (1900)

- Influenza and Pneumonia
- Tuberculosis
- Diarrhea and Enteritis
- Heart Disease
- Stroke
- Kidney Disease
- Accidents
- Cancer
- Senility
- Diphtheria
10 Leading Causes of Death in United States (2010)

- Heart Disease
- Cancer
- Chronic Lower Respiratory Disease
- Stroke
- Accidents
- Alzheimer’s
- Diabetes
- Nephritis
- Influenza and Pneumonia
- Suicide

Total 2.45 Million Deaths
Why is HIA important?

- Problem: Chronic disease and loss of life
- The built environment affects health
The Built Environment Affects Health

- Housing
- Transportation
- Economic Opportunities
- Education
- Access to Parks/Open Space
- Food and Nutrition
- Climate Change
- Energy
Why is HIA important?

- Problem: Chronic disease and loss of life
- The built environment affects health
- Policies influence the built environment
Policies that Influence the Built Environment

- Zoning/ Land Use Regulations
- School Building/Location Policies
- Transportation Design and Funding
- Permitting Process/ Fees
- Annexation/ Services Offered
- Design Standards/ Guidelines
Why is HIA important?

- Problem: Chronic disease and loss of life
- The built environment affects health
- Policies influence the built environment
- Solution: HIA can inform policy decisions and built environment choices to promote healthy behaviors and environments
Davidson Design for Life

- Board of Commissioners’ Goal
- Operated in Davidson’s Planning Department
- Mission: “To help Davidson be a community that is healthy today and even healthier tomorrow while serving as a model for other small towns by implementing healthy design.”

www.townofdavidson.org/DD4L
Davidson Design for Life

- Grant Awarded from the Centers for Disease Control and Prevention: Healthy Community Design Initiative
- 3 HIAs, 2 HIA trainings each year for 3 years
- Other recipients: Health Departments of San Francisco, Baltimore, Douglas County NE, Oregon, Massachusetts
1. Screening: determines whether a proposal is likely to have health impacts and whether the HIA will provide information useful to the stakeholders and decision-makers.

2. Scoping: establishes the scope of health impacts that will be included in the HIA, the populations affected, the HIA team, sources of data, methods to be used, and alternatives to be considered.

3. Assessment: involves a two-step process that first describes the baseline health status of the affected population and then assesses potential impacts.

4. Recommendations: suggest alternatives that could be implemented to improve health or actions that could be taken to manage the health effects, if any, that are identified.

5. Reporting: documents and presents the findings and recommendations to stakeholders and decision-makers.

6. Monitoring and Evaluation: records the adoption and implementation of HIA recommendations, monitors the changes in health and health determinants, and evaluates the process, impact, and outcomes of an HIA.

The Health Impact Assessment Process
Screening

- Description of Project
- Will it have an impact on health?
- Will the impact be disproportionate?
- Who are the decision-makers and are they willing to listen?
- Are the time, information and resources available to conduct the HIA?
Scoping

- What are the potential health impacts?
- Who will be affected?
- What’s our game plan?
- What are we researching and how are we going to go about conducting this research?
- How are we going to involve stakeholders?
- How are we going to communicate our findings?
Assessment

- Establish a Community Health Profile/Baseline
- Analyze Potential Health Impacts
  - Literature Review, Focus Groups, Interviews, Modeling
  - Qualitative vs. Quantitative
- Stakeholder Engagement
Recommendations

- Suggest alternative ways to:
  - avoid, mitigate, or minimize adverse health effects
  - enhance positive health effects
- Actionable, Realistic, Site-Specific
- Health-Management Plan
Reporting

- Communication of process, findings, and recommendations
- Many audiences and formats
- Publically available
- Dissemination strategy
Evaluation/Monitoring

- Process - how well was HIA conducted?
- Impact - influence decision-making process?
- Outcome - have expected health outcomes happened?

- Monitoring Plan
- Importance to Field
- Challenge
HIA’s Impact in Davidson

- Silo busting
- Conversations that wouldn’t have been had otherwise
- Community engagement
- Informed policy development
Planning and Food Systems

- Food System - “the chain of activities and processes related to the production, processing, distribution, disposal, and eating of food.”
Planning and Food Systems

- Food System Planning- “the collaborative planning process of developing and implementing local and regional land-use, economic development, public health, and environmental goals, programs and policies to: support agriculture and food production practices, promote sustainability, support local and regional activities, facilitate food security, reduce waste, and support good nutrition.”
Planning and Food Systems

- Remove Barriers in Planning Ordinance
- Element in Comprehensive Plans
- Agriculture Overlays
- Support Community Gardens
- Serve on Food Policy Council
- Grocery Store Attraction
- Working with Corner Stores
- Farmer’s Markets
Why Healthy Local Food Is Important

- Nutrition and Weight Management
- Physical Activity Associated with Gardening
- Local Economic Growth
- Opportunities for Youth Development and Education
- Social Opportunities
- Environmental Sustainability
HIAs and Food

- Federal Farm Bill, 2002
- Menu Labeling, Los Angeles
- Farm to School and School Garden Policy, Oregon
- Poultry Litter to Energy Facility, Shenandoah Valley Virginia
- Modifications to the Trenton Farmer’s Market, New Jersey
- Bio-solid Storage, Wisconsin
- Food Deserts, California
- Agricultural Zoning, Oregon
- National Nutrition Standards for Snack and a la Carte Foods and Beverages
- Alcohol Outlets, Baltimore Massachusetts
- Urban Agriculture Overlay District, Cleveland Ohio
- CAFO, Wisconsin
- Farmland Protection, Illinois
- Supplemental Nutrition Assistance Program, Illinois
- Dairy, Wisconsin
What Davidson Already Does

- Community Gardens
- School Gardens
- Healthy Local Foods in Restaurants
- Supportive Policies
- Grocery Store Access
- Farmer’s Market
Future of Food in Davidson

- Food Policy Council
- Local Food Consumer Campaign
- Healthy/ Local Food in Schools
- Home Owner Associations and Sustainable Food Processes
- Community Garden Coordination
- Community Kitchen
Resources

- A Planners Guide to Community and Regional Food Planning: Transforming Food Environments, Facilitating Healthy Eating
- Urban Agriculture: Growing Healthy Sustainable Places
- Planning for Food Access and Community-Based Food Systems: A National Scan and Evaluation of Local Comprehensive and Sustainability Plans
- APA’s Planning and Community Health Research Center
Katherine Hebert
Davidson Design for Life Coordinator
khebert@townofdavidson.org
W: (704) 940-9620
C: (828) 781-8742