

MONTGOMERY COUNTY PLANNING DEPARTMENT
THE MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSION

MCPB
Item #
3/4/10

February 16, 2010

MEMORANDUM

TO: Montgomery County Planning Board

FROM: Mary Dolan, Master Planner/Supervisor (301.495.4552) *MD*
Green Division

Glenn R. Kreger, Acting Chief (301.495.4553) *GK*
Vision Division

SUBJECT: Briefing on partnership with the Department of Health and Human Services on planning healthy communities

Over the past year the Planning Department and Department of Health and Human Services (DHHS) have been discussing ways that we can jointly build healthy communities. DHHS has a major role in ensuring health care to County residents. The Planning Department has a major role in determining the physical form of our communities. As you will hear in the roundtable discussion, these roles are related. The physical form of our communities influences human behavior and human health.

Last fall, the County Council considered the use of Health Impact Assessments for roadway improvements, and established a working group to study how best to establish a Health Impact Assessment Program. Health Impact Assessments involve a combination of procedures, methods and tools that systematically judge the potential effects of a policy, program, or project on the health of a population and the distribution of those effects within the population. The Planning Board heard a briefing by Pam Dunn, Research Division, on the types and range of health impact assessments, which can vary widely in their scope and level of detail.

Planning Director Rollin Stanley and DHHS Director Uma Ahluwalia agreed that, regardless of the outcome of the discussions concerning Health Impact Assessments, we could be proactive in terms of creating healthy communities. Staff from our Research Division has assisted DHHS with their Community Health Improvement Process (CHIP) project; Director Ahluwalia will address this during the roundtable. Similarly, DHHS staff has begun to provide input to the Planning Department with regard to master plan development. The role of community and environmental planning is rooted in planning for the public good and creating livable communities. Recent evidence has confirmed this link and public health officials are playing a more active role in community planning.

At the roundtable on March 4, the Director and staff of DHHS will join the Planning Director and staff to review our ongoing efforts to build healthy communities. The Planning Board Draft Takoma/Langley Crossroads Sector Plan, which will be transmitted to the Council this summer, includes a section on Health and Wellness. We anticipate that our partnership with DHHS will enable us to prepare future master and sector plans that do an even better job of creating healthy communities.

GRK:MD:ha: g:\kreger\G:\KREGGER\3-4-10 Roundtable Healthy Communities Staff Report.docx

Attachments:

- A. Letter from Department of Health and Human Services Director, Uma Ahluwalia
- B. Building Healthy Communities matrix
- C. Healthy Planning in Action
- D. Planning for Healthy Communities matrix

ATTACHMENT A



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett
County Executive

Uma S. Ahluwalia
Director

August 14, 2009

Mr. Rollin Stanley, Planning Director
Montgomery County Planning Department
The Maryland National Capital Park and Planning Commission
8787 Georgia Avenue
Silver Spring, Maryland 20910

Dear Mr. Stanley:

Thank you for your letter of February 17, in which you identify the need for an early “two way flow of information” between our departments as it relates to your planning efforts. I thought that our meetings with Planning Department managers on November 17 and December 8 of last year laid the groundwork for successful collaboration.

On March 13, eight members of my staff met with four Planning Department staff to have an in-depth discussion of issues related to coordination. A result of the meeting was a better understanding of how your agency works to manage growth and shape future development. My staff in turn felt that they were able to convey a sense of how we work to target the provision of health and human services to where they are needed in the County. I understand there was greater shared clarity on our mutual goal of creating healthier communities.

Subsequent to the March meeting, we convened a series of internal meetings to brainstorm and refine criteria for selecting indicators that might be considered for master, sector, and functional land use planning. The seven criteria appear in the enclosure, along with some “candidate” indicators that we believe meet most if not all of the criteria.

This indicator set is a first iteration of an ongoing process through the recently launched Montgomery County Community Health Improvement Process (CHIP) where additional indicators related to the health, well-being and related social determinants of equity will be identified, compiled and produced. Your continued commitment and participation in the County CHIP process will be valuable for developing neighborhood profiles that are geocoded and available to the public.

We also are excited to share a conceptual framework that we identified through collaborations this summer with Johns Hopkins University’s Brian Schwartz, M.D., who is co-director of the Program on Global Sustainability and Health and holds joint faculty appointments in the Departments of Medicine and Epidemiology. Dr. Schwartz has helped us better frame health and quality of life indicators within the framework of our built environment. We believe this

Office of the Director

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conceptual framework will enhance the shared goals of our Departments and support efforts to better inform land use planning and to support CHIP.

Health and social indicators such as these will be useful to us as we analyze draft plans that are formally shared with the County as part of the Planning Board Review and County Executive Review phases of your planning projects. However, I believe that the spirit of our discussions to date stipulates that consideration would be important in the Develop Draft Plan phase as well. With that in mind, I would like to set up a meeting with Dr. Schwartz and key staff from your Department to explore his conceptual framework for understanding and applying social and health indicators in land use planning.

Looking ahead, we have also identified several steps that we hope to be able to take in the future to contribute information and insights to planners during the drafting phase of their work. Please see the enclosed "Way Forward" document. I welcome any reactions as we begin to build the capacity to systematically support your activities.

In your correspondence, you requested that I designate a departmental liaison to provide appropriate information and feedback for your plans and studies. My designee is Ms. JoAnne Calderone, Manager of Planning, Accountability and Customer Service. Ms. Calderone may be reached at joanne.calderone@montgomerycountymd.gov or by phone at 240-777-3817. If your designee, Khalid Afzal, has changed since February 17, please let Ms. Calderone know. Ms. Colleen Ryan-Smith continues to be the lead for CHIP. Ms. Ryan-Smith may be reached at colleen.ryan-smith@montgomerycountymd.gov or by phone at 240-777-3904. If your CHIP designee, Krishna Akundi, has changed since February 17, please let Ms. Ryan-Smith know with whom she should maintain communication.

I look forward to our future collaborations and believe that it will be directly beneficial to our residents.

Sincerely,

Uma S. Ahluwalia
Director

USA:sh

Enclosures

c: Glenn Kreger

BUILDING HEALTHY COMMUNITIES (2-17-10)

I. Planning and community design affect the public health directly and indirectly. Physical and mental health “is an outcome of the built environment, the natural environment, living conditions, and overall community conditions.”¹ Consequently, our master plans and design guidelines should address the following:

Planning Issue	Health Issue	Potential Plan Recommendations
Land Uses	Obesity, cardiovascular disease, cancer, diabetes, hypertension, depression	Provide opportunities for exercise; make walking/biking safe; provide green spaces (quantity and distribution); provide connections to parks and natural areas; encourage mixed-use development which promotes walking to meet needs of daily living (commuting, shopping, etc.); provide walkable schools; provide access to good nutrition (community gardens, farmers markets, etc.); limit land uses that distribute liquor; provide needed medical facilities.
	Anxiety/stress/depression, safety	Provide dispersed green spaces to benefit all; enable aging in place; address neighborhood safety through CPTED, etc.; promote green streets, noise mitigation and the use of water in public spaces; provide affordable housing to reduce overcrowded dwellings; provide space for community facilities to help strengthen social networks, increase face-to-face social connectivity through interaction and engagement, and alleviate mental stress of residents.
	Asthma	Provide street trees and green roofs to remove particulates, thus reducing air pollution.
	Injuries to children, gang activity, bullying	Provide safe play areas in neighborhoods with large number of pre-school age children; promote shorter block sizes and safe crossings.
	Poor water quality	Protect the water supply; reduce storm water runoff; integrate environmentally sensitive design into design guidelines; public education to discourage dumping.

¹ Morris, Marya, ed. Integrating Planning and Public Health: Tools and Strategies to Create Healthy Places. Washington, DC: American Planning Association, 2006.

Planning Issue	Health Issue	Potential Plan Recommendations
Autodependency/ Sprawl	Air pollution, asthma, injuries to drivers and pedestrians, obesity, cardiovascular disease, cancer, diabetes, hypertension	Provide transportation choices (e.g., transit, walkability, bike paths), transit oriented development and compact mixed-use development to reduce VMTs; improve road design, etc.; encourage pedestrian safety improvements.
Social Justice/ Local Social Environment	Inequitable health and social impacts on sub-populations	Address inequities identified by evaluating health status indicators (by plan area) for vulnerable populations as follows: locate and design land uses to protect vulnerable groups (e.g., children, seniors, those with lower socioeconomic status) from risks and exposures to factors that negatively impact their health and well-being while promoting protective factors that elevate health and well-being to its highest potential; provide facilities (parks, health and social services offices, clinics, etc.) equitably.
	Inaccessibility by those individuals with reduced mobility.	In addition to the above, consider accessibility to green spaces and all aspects of the built environment for those areas with lower socioeconomic status and/or high population of seniors or children.
	Communities with high measures of economic deprivation and social disorganization, including substandard housing	Encourage and incentivize varied high quality and affordable housing and the repair or replacement of pockets of housing known to pose health and safety problems; encourage development of important neighborhood community institutions and commercial services (e.g., banks, child care centers) and venues for neighborhood and community organizations' meetings.
	Lack of access to culturally sensitive and good quality health care facilities	Provide for mental and physical health-related facilities, social services, and public health and medical care infrastructure.

II. To address the above, we need data; collaboration; education; and commitment.

- A. What information do we need to identify community health problems that should be addressed in master/sector plans? Will we get it from CHIP?
- B. What recommendations are appropriate in individual master/sector plans?
- C. Are Health Impact Assessments (HIAs) needed to evaluate their effectiveness?
 - (Note: A HIA is a means of assessing the impacts of a project or policy on the health of a community, thereby enabling the health outcomes to be factored into the planning decision-making.)

HEALTHY PLANNING IN ACTION



Places that are forging together the two disciplines of public health and planning.



By Heather Wooten

In North Fair Oaks, California, a small unincorporated community in San Mateo County, near the San Francisco Bay, a planning process that aims to maximize transit and infill development to improve health and quality of life is just beginning.

In many ways, North Fair Oaks (pop. 15,000) is similar to communities across the country: It is a built out suburban area within a larger urban region that needs to retool in the face of a changing population and shifting resident needs. A diverse, working class community, North Fair Oaks struggles to provide affordable housing and access to daily goods and services, especially given the Bay Area's high cost of living.

As planners address these challenges, they are also thinking seriously about how the North Fair Oaks specific plan, which is currently in the works, can improve the community's health.

San Mateo County is not alone in its efforts to yoke planning and health together. Over the last few years, a growing body of research and a small but vocal core of public health advocates and experts have argued that public health should be expressly addressed through planning and the community design processes. In California alone, the last two years have seen more than double the number of general plans that include health-related policies (from about 14 in 2008 to more than 30 today).

Now places as diverse as San Francisco

and South Gate (in Los Angeles County) have taken up the challenge. Richmond, Riverside County, and Delano also are including separate health elements in their general plans, while Shasta County public health staffers are participating in development review.

The big question in San Mateo and elsewhere is, How do we do it? What are the practices, strategies, and programs that actually support this work?

First of all, this effort requires a deep commitment to new partnerships between public agencies and the communities they serve. It also means rethinking each stage of the planning process, from the initial concept to project implementation. The North Fair Oaks approach offers a set of strategies to begin routine integration of health considerations into planning practice.

Share information and build partnerships

In San Mateo County, early efforts by the health department to work on issues involving the built environment were focused on raising awareness among various agencies (including city and county planning agencies, the parks and recreation departments, housing agencies, and regional transportation planning agencies) about the impact that each had on residents' health. "We used to go and talk about immunizations or H1N1—but we started talking about land

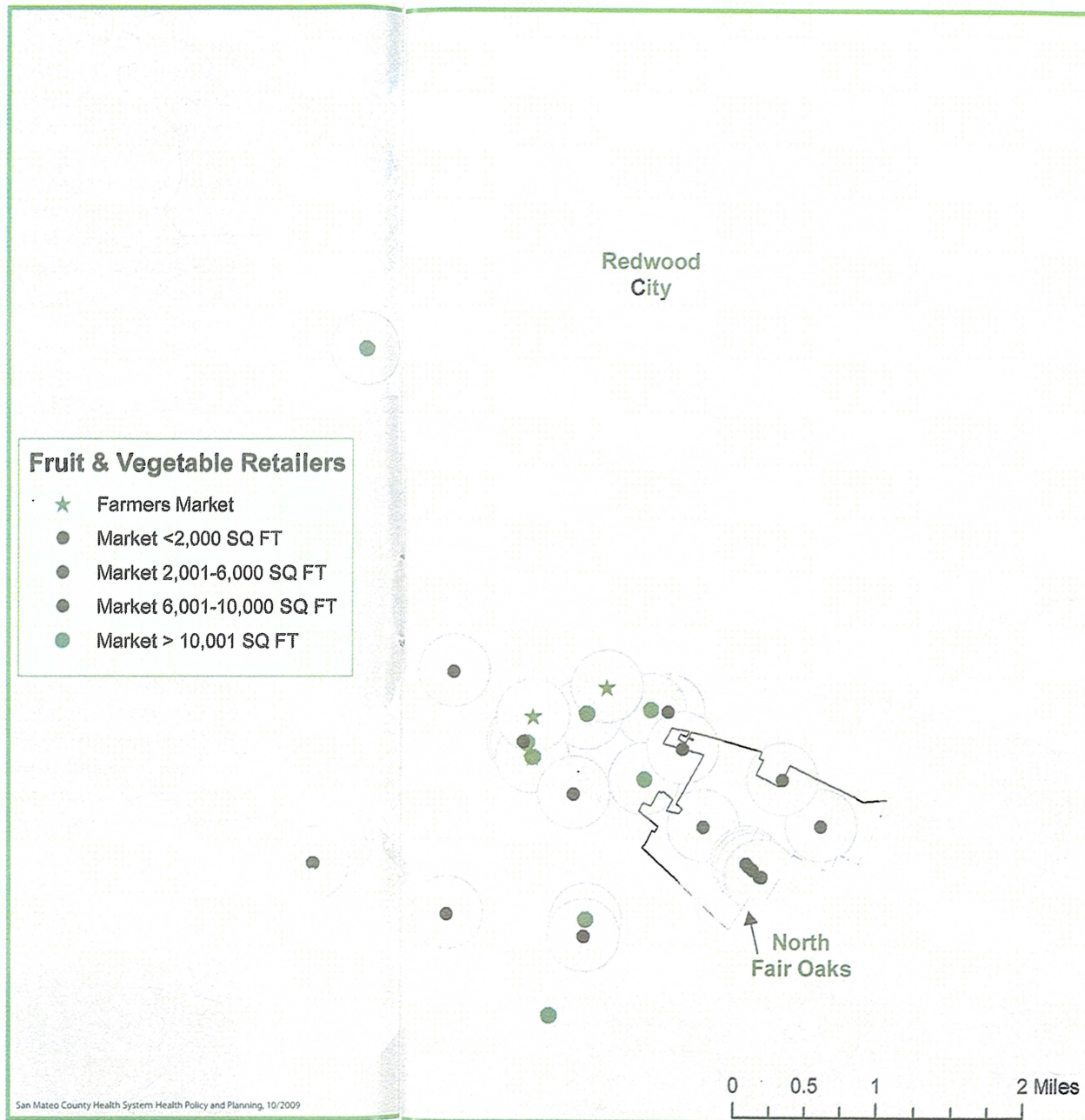
use and health, or the connection between food access and health," says Sara T. Mayer, the director of health policy and planning for San Mateo County Health System.

In looking for other opportunities to further their impact, the health department identified planning processes that were beginning or under way and began to at-

Fruit & Vegetable Retailers

- ★ Farmers Market
- Market <2,000 SQ FT
- Market 2,001-6,000 SQ FT
- Market 6,001-10,000 SQ FT
- Market > 10,001 SQ FT

San Mateo County Health System Health Policy and Planning, 10/2009



An ongoing analysis of food retailers in San Mateo County, California, shows wide disparities in residents' access to healthy foods.

tend planning and community engagement meetings.

The first project, begun in 2006, was the Grand Boulevard Initiative for El Camino Real, the corridor that links cities throughout San Mateo County. Department staff came to discussions armed with public health data and priorities that had not

been considered in previous transportation projects: mapping all food outlets along El Camino Real and addressing pedestrian and bicycle access from a physical activity perspective (as opposed to focusing only on the environmental benefits of getting people out of cars). The health department also passed along information heard from residents, namely that the road divided the community and that heavy traffic affected the mental health of nearby residents.

The health department wasn't always sure what its role would be. "It is a learning process that we're in the midst of," Mayer says. "We realized that what we needed was to build staff capacity," to help health professionals and planners understand each other and their jobs, she says. "We needed to be more sophisticated about data analysis and mapping. Planners don't always relate to traditional public health data analysis, like age pyramids. And the health department didn't even know at what stage in the process to participate."

Now, the health department is focused on plugging into policy development as a way to maximize resources and impact. "We need to be able to engage in the conversation and contribute something to it, but not create parallel processes," Mayer says.

An interdepartmental working group grew out of that first corridor project and continues to collaborate today. The working group, which includes the county's

parks, planning, public works, and housing departments, as well as SanTrans—San Mateo County's regional transportation district—meets every other month to identify opportunities to work together. The North Fair Oaks specific plan is one of three similar plans in the works throughout the county, where health-promoting policies are a central component of planning.

Often one of the biggest challenges to working together is budgetary. A handful of communities around the country, including Hennepin County, Minnesota; Alexandria, Virginia; and Shasta County, California, add planners to health department staffs or public health professionals to planning. But most partnership efforts carve out of "extra" staff time in both departments, making them vulnerable to cuts when new funding or work priorities pop up. Sharing the funding for interagency staff positions can be an important step in institutionalizing partnerships.

On the flip side of the budgetary coin, an advantage to an interdisciplinary approach is access to additional funding opportunities. In San Mateo County, the interagency working group successfully applied for a planning grant from the Metropolitan Transportation Commission, which allocates federal funding for transit-oriented, infill, and mixed use planning and development.

Assess conditions that impact public health

Using health data and analyses, public health staff can help identify a community's most critical health concerns and work with planners to address them through planning policies. San Mateo County's Community Health Profiles provide key health indicators at the city level, including leading causes of death, average life expectancy, childhood obesity by school district, healthy food availability, and park access maps. This easy-to-digest snapshot approach lets planners, elected officials, and other non-health experts understand and identify important health issues that can be affected by planning and development decisions.

In San Mateo County, addressing the needs of an aging population is a major issue for both planners and public health practitioners. To help focus strategies for transportation, housing, and other needs, the health system has developed a demo-

graphic projection model called Aging 2020–2030. The county's population over the age of 85 is projected to grow by 148 percent by 2030, and surveys have found important preference differences in housing and transportation choices between today's and tomorrow's seniors.

One of the biggest areas of difference was respondents' reported use of transit now versus their desire to use transit in the future. Many aging San Mateo residents expressed interest, even an expectation, that they would have accessible, high-quality transit service to rely on when they could not drive themselves. This contrasts starkly with the lack of existing transit services in many of the communities surveyed.

Seniors also expressed a strong interest in being able to walk to meet their daily needs, with safe and convenient access to restaurants, services, and entertainment. In many ways, this represents a new retirement model, Mayer says. Armed with this information, planners are realizing that the autocratic patterns that dominate San Mateo County will not serve their community in the next 20 years. The North Fair Oaks plan's focus on transit-oriented development and infill is a reflection of the fact it is much more cost-effective to create higher density, compact development along corridors than it is to operate senior buses and other mobility programs.

Two other tools for measuring the effect of the built environment on health are health impact assessments (which look at a range of health indicators and the potential impact of a policy or project) and community food assessments (which examine the availability of groceries, farmers markets, urban agriculture, and other healthy food resources).

In doing these assessments, planners and health practitioners found they have complementary skills. Training and fluency in mapping and geographic analysis are critical for taking stock of existing conditions (such as a lack of pedestrian connectivity or full-service grocery stores) and identifying underserved communities. Analyzing local health data (such as asthma hospitalization rates for children living near freeways) can spur new planning policies that will help protect communities and reduce negative health impacts.

The health department introduced planners to an index called the "social gra-

dient," which shows that people with higher wealth and income are more likely to live longer than people with less wealth. The social gradient pattern applies to neighborhoods as well as to individuals. The index shows that North Fair Oaks has the lowest life expectancy in the county. That fact has been a motivating factor in getting the county to focus resources and investment in this community.

Health impact assessments are now being used in planning processes in many places around the U.S., including a rezoning of the Eastern Neighborhoods of San Francisco, the general plan for Humboldt County, California, a bridge expansion in the Seattle area, and the Atlanta Beltline project (a plan to bring transit, trails, parks, and redevelopment to a 22-mile loop of largely abandoned freight rail line circling the city center).

Take public health into account

Public health staff can play an important role in every stage of plan development, especially in reaching out to the community and in drafting plan language. Even before the North Fair Oaks planning process began, San Mateo County public health staff shared sample health-supportive land-use policies with local planners and decision makers. They also helped develop the project scope, ensuring that the plan would address issues such as park access; access to healthy food options; public transit, walking, and bicycling; public spaces for events (like farmers markets); and access to affordable housing, economic opportunity, and living wage jobs that align with residents' skills and training.

When it came time to pick a consultant to lead the planning effort, Mayer represented the health system on the interviewing team—a first. The entire process was eye-opening, Mayer says, noting that she was struck by the level of detail and the amount of research consultants provided even at the proposal stage. She, in turn, made sure that the consultants understood the public health issues the plan would address.

As the North Fair Oaks plan moves into the plan-making phase (so far, the county has identified the consultants who will carry out the work), the health system will continue to provide guidance and input in two key areas: technical expertise

and outreach and engagement. Mayer notes that the health department's role and relationships in the community can make for a more comprehensive process.

"Planning is not just regulation," says Steve Monowitz, a long-range planner with the San Mateo County Planning and Building Department. "When the community understands the connection between land-use decisions and their health and their children's health, they'll see those links and want to play a role in

helping the county develop better plans."

Implement healthy planning goals

Of course, getting health-promoting policies into plans is a critical step, but it doesn't mean that what gets built actually reflects those policies. It's vital to ensure that implementation strategies—zoning, subdivision regulations, and design guidelines—translate a broad policy mandate ("promote neighborhood walkability") into specific standards, regulations, and incentives.

Convenience stores and fast food outlets are prominent in the North Fair Oaks area of unincorporated San Mateo County.



RESOURCES

FROM APA	Planning and Community Health Research Center: www.planning.org/nationalcenters/health .
REPORTS	Centers for Disease Control, "Recommended Community Strategies and Measurements to Prevent Obesity in the United States": www.cdc.gov/obesity/downloads/community_strategies_guide.pdf ; Leadership for Healthy Communities, "Action Strategies Toolkit": www.leadershipforhealthycommunities.org/content/view/352/154 .
TOOLS	San Francisco Department of Public Health's "Healthy Development Measurement Tool": http://thehdmt.org ; The National Association of City and County Health Officials' "Public Health in Land Use Planning and Community Design" checklist: go to http://archive.naccho.org and search for "public health in land use."
MORE	Health policy and planning in San Mateo County: www.smhealth.org/hpp ; Planning for Healthy Places, a project of Public Health Law & Policy: www.healthyplanning.org . Partnership funding opportunity: CDC's American Recovery and Reinvestment Act of 2009, "Communities Putting Prevention to Work": www.cdc.gov/nccdrp/recovery .

Communities such as Los Angeles, Cleveland, and Minneapolis are pioneering a variety of new uses for traditional planning tools, including using conditional use permits for fast food or drive-through restaurants, defining and allowing community gardens as of right in designated zones, and requiring pedestrian and bicycle infrastructure in new developments.

Some public health agencies such as San Francisco's and Denver's tri-county health department are also creating and using "healthy development" checklists that provide users with a framework for evaluating projects from a public health perspective. They look at issues such as street design, wastewater management, and air quality, among others.

San Mateo County has developed a Healthy Housing checklist that evaluates access to food, public safety, housing density, and transportation and transit. It recognizes the different development patterns across the county, and includes criteria tailored to rural, suburban, and urban neighborhoods. For example, access to healthy food, the checklist asks, "For residential uses, is the project within ___ mile of a supermarket?" Standards call for a half mile in urban communities, one mile for small cities, and two miles in rural areas.

Although the North Fair Oaks plan is not yet in place, the process of moving from policy to implementation may be more efficient and effective with a healthy planning approach. The benefits to planners are obvious to Monowitz, who urges planners and public health staff to take advantage of the opportunity to work together.

"Health departments are staffed with people who can be a great resource to the planning department," he says. "We can only solve these public health problems if we collaborate. And local governments can't do this all on their own. The more we work together and with our community members on plan development and implementation, the more successful we'll be."

Heather Wooten is a senior planning and policy associate with Planning for Healthy Places at Public Health Law & Policy based in Oakland, California. She also is a coauthor of a PHLP toolkit called *How to Create and Implement Healthy General Plans*.

PLANNING FOR HEALTHY COMMUNITIES

Sustainability Elements

Guiding Principles	Economy	Health	Knowledge	Food	Environment	Energy	Culture	Material	Infrastructure
	Ec	H1	Kn	Fd	Ev	Er	Cl	Mt	Is
Connectivity		A		B					C
Design		D				K			E
Environment	L	F			F			J	G
Diversity		H		B					I

Notes:

- A. We promote health and wellness by providing connections to parks and natural areas.
- B. We also promote the public health by providing access to sources of good nutrition, e.g., farmers markets and community gardens. In addition to providing nutrition, community gardens have also been shown to increase community cohesion by bringing diverse people together and encouraging interaction.
- C. Connectivity to medical facilities and exercise facilities (e.g., rec centers, playgrounds and bike paths) promotes good public health.
- D. How land uses are situated can encourage people to walk or force them to drive everywhere. Building design can do the same.
- E. Well designed streets and community facilities can encourage people to exercise.
- F. Improved air and water quality certainly affect the public health.
- G. Providing and distributing key infrastructure (e.g. transit facilities, green roofs, improved storm water management, etc.) can certainly affect the environment and therefore our health.
- H. Medical facilities need to be available to all parts of our diverse community—young and old, rich and poor, etc.
- I. Many types of infrastructure also impact the public health. We live in a diverse community and the distribution of facilities needs to reflect this. We need certain types of medical facilities (e.g., urgent care centers) where there are certain populations in the community. We need playgrounds where there are large numbers of pre-school age children. In addition to improving public health, park and recreation facilities promote cohesion in a diverse community by encouraging social interaction.
- J. Materials used can affect health.
- K. Buildings that use less energy can save money for food, healthcare.
- L. Green jobs can provide healthier working conditions.

- Identify and support economic opportunities that stimulate pedestrian activity and encourage lively street frontages.
- Recommend the development of the Crossroads District as a 24 hour community of diverse, pedestrian-oriented mixed uses.
- The 2000 Takoma Park Master Plan recommends upgrading the area's commercial centers to enhance and serve the needs of residents and visitors, including :
 - supporting a range of commercial services
 - supporting the ongoing efforts of the City of Takoma Park and the Montgomery County Department of Housing and Community Affairs (DHCA) to the address revitalization needs
 - forming task forces with Prince George's County and the District of Columbia to cooperatively address the revitalization needs of the area
 - supporting local community organizations' efforts to revitalize commercial areas along University Boulevard, New Hampshire Avenue, and Piney Branch Road
 - supporting the coordinated marketing of businesses along University Boulevard as the International Corridor.



Health and Wellness

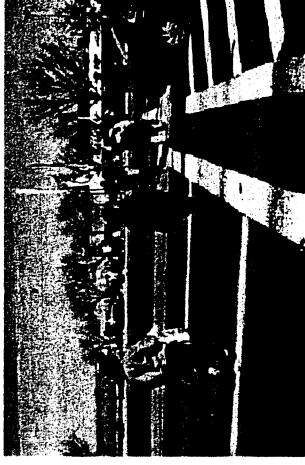
This Plan promotes a healthy community by improving mobility options, providing community facilities, and encouraging strategic public/private partnerships. Streets that are safe and comfortable for walkers and cyclists encourage people to exercise as part of their daily routines. Multi-modal transportation options help reduce traffic and air pollution. Preserving green space helps protect water quality while making communities more attractive.

The TLC area is deficient in ball fields and other active recreational facilities. To accommodate the needs of the existing and future population, it will be necessary to expand and renovate existing facilities. Additionally, partnerships with community-based organizations and local faith based institutions could be alternatives to accommodate recreation and or social service functions.

Recommendations

- Support walkability audits to identify inconvenient and dangerous pedestrian routes.
- Apply the Road Code's context sensitive designs to improve pedestrian mobility and enhance street connectivity.
- Build a pedestrian environment of safe, convenient routes and sidewalks.
- Provide safe, convenient access to healthy foods for all residents.
- Use existing economic development incentives and create new incentives to retain stores that sell fresh, healthy foods.
- Identify an appropriate regular location for the TLC farmers' market and drop-off sites for community-supported agriculture shares that support Agricultural Reserve efforts to protect local farmland by developing diverse markets for local produce.

- Encourage healthy lifestyle options, including:
 - Considering limits on the number or concentration of formula or franchise restaurants
 - Continuing to restrict approvals of new liquor stores or other retailers that sell beer and wine for off-site consumption.
 - Considering identifying fast food restaurants, liquor, and convenience stores as conditional uses only.
- Provide ample opportunities for community gardens and urban farms.
 - Identify and inventory potential community garden and urban farm sites on existing parks, public easements and right-of-ways, and schoolyards, and prioritize their use as community gardens.
 - Encourage or require all new building construction to incorporate green roofs and encourage conversions of existing roof space to green roofs, to maximize opportunities for gardening.
- Support community clinics and expanded local healthcare facilities.
- Improve pedestrian mobility and access to shopping areas, transit, recreation, and community facilities by implementing the Green Streets concept.
- Develop adequate bicycling and trail amenities with connections to employment and retail centers, community facilities, and open space.
- Prioritize Green Build and Smart Growth projects through fast track permitting.
- Support Safe Routes to School program to encourage walking and biking to school.



Safety

The area's dense population and multiple jurisdictions create issues for providing fire, safety, and other emergency services. To create a sense of order, additional emphasis on the security of the community and its residents is required. Thus police officers must engage in neighborhood-based crime prevention and community policing activities using education, neighborhood watches, and relationship building.

Recommendations

- Support multi-jurisdictional community policing efforts.
- Engage the community in crime prevention efforts by establishing bilingual citizen's police academy.
- Continue regular multi-jurisdictional bilingual beat and anti-crime meetings with residents and civic groups.
- Consider a web based (police monitored) digital surveillance system along University Boulevard and New Hampshire Avenue.
- Support expanding the Maryland Multicultural Youth Center and other youth serving and gang prevention programs.
- Encourage the application of Crime Prevention Through Environmental Design (CPTED) principles in public and private projects.