COLLEGE PARK – RIVERDALE PARK

TRANSIT DISTRICT DEVELOPMENT PLAN

HEALTH IMPACT ASSESSMENT

2013-2014

Prince George's County Maryland
Rushern L. Baker, III
County Executive

HEALTH DEPARTMENT
Prince George's County

TABLE OF CONTENTS

I. EXECUTIVE SUMMARY

The College Park – Riverdale Park Transit District Development Plan (TDDP) was created for a 289 acre site in northwestern Prince George's County as a vision for the future due to the presence of multiple rail and bus routes and in anticipation of the regional Purple Line streetcar project. The site has historically been a collection of commercial and light industrial businesses and governmental offices without any residential component. It is served by regional MARC train service, Metro subway and CSX freight rail along with five different bus services. Its proximity to the University of Maryland makes it attractive to entities that want to take advantage of their various research facilities.

The Maryland-National Capital Park and Planning Commission (M-NCPPC), as the lead agency for this project, held several outreach activities for area stakeholders and established a timeline for development of the report to be submitted for public comment and review by the Planning Board. Prince George's County mandates that all development projects receive a Health Impact Assessment (HIA) conducted by the County Health Department. A Health Impact Assessment is a "combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population. HIA identifies actions to manage those effects."

In January 2014, the Health Department presented preliminary recommendations to the M-NCPPC after meetings with the project team, attending community meetings and internal scoping of possible health determinants associated with the plans. The

recommendations focused on elements of the project that will promote positive health outcomes and mitigate any negative impacts.

a. **Floodplain - residential/commercial development**

The Department finds that the proposal lacks evidence of sufficiency in attempting to mitigate the potential adverse impacts due to planned construction/development of 'mixed use including residential housing' in the flood plain. To the maximum extent possible, development of residential dwellings should be avoided in the area designated by the Federal Emergency Management Agency (FEMA) and the State of Maryland as a 100-year floodplain unless property can be developed to withstand a 100-year storm. Alternatives may include establishing off-street parking structures at ground floor level in these areas. Alternatively, additional flood control measures could be taken to mitigate the risk of flood impacts in the project area.

b. **Connectivity with adjacent neighborhoods**

The project area is uniquely situated in Prince George's County in that it has no residential component at this time. The TDDP proposes the establishment of high density housing incorporated within the project area in the northern and southwestern areas. Development of the TDDP should be keeping with the character, diversity, culture and history of the adjacent neighborhoods to promote connectivity to established communities. New development may increase property values and may increase the pressure upon residents to be displaced by wealthier newcomers. The recommendation is for equity and improved access that creates opportunities for movement through and from the neighborhoods into the project area. This would allow ease of use of the planned community enhancements for their intrinsic health benefits and greater general welfare of the adjacent towns and to the County overall. Promoting equity will improve access to:

- affordable healthy housing
- healthy food choices
- transportation choices
- quality schools
- bicycle and walking paths, exercise facilities, etc.
- social networks

This would mitigate the isolated character of the project area, foster greater "community" and result in positive health outcomes.

c. **Open/green space management/ development**

The project plan proposes expansion of open space areas for public use and environmental/ecological enhancement. This is beneficial as the site becomes a venue for physical activity which may result in improved cardiovascular health, reduced obesity and even enhanced mental wellness. The Department heartily supports the multiple sustainability/eco-strategies recommended in the plan. Proper development of the sites with foliage and gardens will allow sequestration of CO_2 in soils and vegetation, buffer impacts from increasingly strong storm events, diminish urban heat island effects and improve air quality by diminished pollutants.

d. **Additional public health infrastructure – extended community benefits**

Putting a satellite community health venue along the Purple Line will enhance the local infrastructure. The vision for the development of the satellite facility is as a Health and Human Services venue. Users may be able to access vital records, referrals for medical services, family services, insurance assistance, advice on accessing the healthcare system, public assistance, etc.

The Health Department focused on the elements above because of community input and available research on the topics. Other topics, including the impact of building height on adjacent existing homes were not included in the report because of limited available research or data on the subject. Nonetheless, the issues do have an impact on community health and should not be ignored as the development project moves forward.

With this report, the Health Department is committed to perform ongoing monitoring and evaluation of the project in order to properly sustain the aspects of any changes that enhance the public health and well-being. Accountability of responsible parties will be promoted by ongoing education and understanding of the cause and effects of various determinants of health. Future planning strategies must evolve to include the concept of a Health in All Policies (HiAP) approach.

II. BACKGROUND

The 289 acre site has historically been a collection of commercial and light industrial businesses and governmental offices without any residential component. It is served by regional MARC train service, Metro subway and CSX freight rail along with five different bus services. Its proximity to the University of Maryland makes it attractive to entities that want to take advantage of their various research facilities. Environmentally it is bounded by the Northeast Branch of the Anacostia River, and contains some undeveloped open space and grassland, affectionately called the Meadow, along with small forested areas in different parts of the site. Much of the acreage is impervious surface due to expanses of asphalt parking lots serving a number of Federal buildings and university properties.

Recreation facilities include a swimming pool/ ice rink, a stream valley park, the College Park Aviation Museum and a championship tennis facility.

Potential health hazards may be found in the relative proximity to air pollution and noise from the rail lines, lack of healthy food choices within the immediate area (although a Whole Foods grocery store is coming soon nearby) and possible impacts from waste oil products by the automobile-oriented businesses. One facility of note is what is known as the Engineering and Research Corporation (ERCO) Building which formerly was used to construct airplane parts and has since been demolished; there is suspect contamination on the site which is planned to be the location of mixed use residential development.

The map of the project site in its current configuration follows:

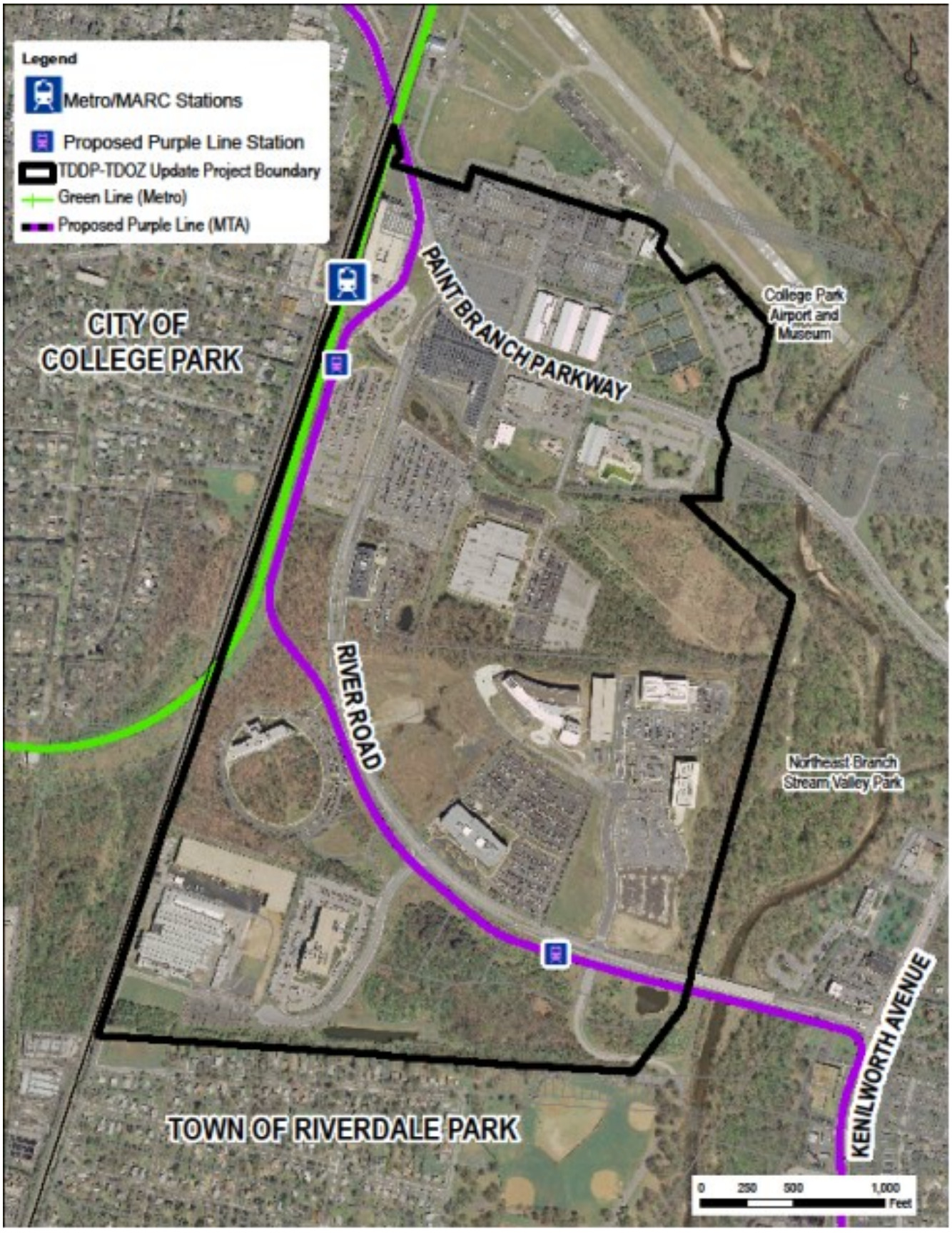


Figure 1.

III. COMMUNITY DATA

Prince George's County Population and Income

2012 Estimates	Prince George's	Maryland	United States
Population			
Total Population	881,138	5,884,563	313,914,040
Male	423,362	2,850,403	154,492,067
Female	457,776	3,034,160	159,421,973
Race and Hispanic Origin			
White, non-Hispanic	129,979	3,170,288	197,705,655
Black, non-Hispanic	555,213	1,712,317	38,727,063
Asian, non-Hispanic	37,634	346,563	15,619,997
Other, non-Hispanic	19,765	143,385	8,833,617
Hispanic (any race)	138,547	512,012	53,027,708
Age			
Under 5 Years Old	59,143	365,224	19,999,344
Under 18 Years Old	203,388	1,343,800	73,728,088
18 Years and Over	677,750	4,540,763	240,185,952
65 Years and Over	90,532	763,019	43,145,356
Median Age (years)	35.4	38.1	37.4
Income and Poverty (2011 Estimates)*			
Median Household Income	$70,715	$70,004	$50,502
Individuals Below Poverty Level	9.3%	10.1%	15.9%
Families Below Poverty Level	6.7%	7.1%	11.7%

Data Source: 2012 Population Estimates, U.S. Census Bureau; *2011 American Community Survey 1-Year Estimates; www.census.gov

Diversity – Residents from 149 nations speaking 165 languages/ dialects

Racial Mix – 65% African American, 19% Caucasian, 15% Hispanic, 4% Asian American/ Pacific Islander, and < 1% American Indian

Education – 85% ≥High School diploma, 27% ≥ B.S. Degree

Employment – 74% (compared to U.S. – 65%)

Parks – 40 miles of trails, 27,000 acres of parkland, 43 community/ recreation centers, 10 aquatic facilities and sports complexes

Prince George's County Health Indicators

Health Focus Areas (County Baseline Source)	Improvement Indicator	County Baseline	County Current	Maryland Current	Maryland 2014 Target
Percentage **of adults who are at a healthy weight** (BRFSS 2008-2010; 2011-2012)		71.4%	**70.6%**	63.8%	64.3%
Percentage of **youth (ages 12-19) who are obese** (MYTS 2008; 2010)		16.2%	**15.4%**	11.6%	11.3%
Percentage of population with low access to grocery stores (USDA 2010)*	Not available	26.7%	Not available	Not available	Not applicable
New cases of HIV in persons age 13 & older per 100,000 (IDEHA 2009; 2012)		56.4	**49.2**	28.7	30.4
Rate of **heart disease deaths** per 100,000 population (age adjusted)		224.2	**191.2**	174.9	173.4
Rate of **ED visits for hypertension** per 100,000 population (Maryland hospitals only) (HSCRC		237.3**	**292.8**	260.8	205.4
Infant Mortality Rate per 1,000 births (VSA 2007-2009; 2012)		10.4***	**8.6**	6.3	6.6

** This is a new measure provided by the USDA that more accurately reports low access to food; no update is currently available.*

*** DHMH provided corrected data for baseline, was previously reported as 257.7*
**** Baseline measure altered for reporting accuracy; was previously reported as 9.9*

- **Diabetes:** According to the Maryland Vital Statistics report, Prince George's County had the highest number of diabetes deaths in the State with 197 deaths in 2009.
- **Asthma:** In 2006, there were over 6,000 asthma-related Emergency Department visits and over 1,300 hospitalizations; 71.7 ER visits per 10,000 population
- **Pedestrian injuries:** 47.8 per 100,000
- **Elevated blood lead levels:** 74.6 new cases per year
- **Alcohol related driving deaths:** .3 per 100 million vehicle miles
- **Suicides:** 6.3 per 100,000
- **Domestic violence:** 62.7 Emergency Dept. visits per 100,000 pop.

The following chart shows statistics in the immediate zip code areas around the project site.

Health Indicators	20737	20740	20742*	20782	20783	Data Source
Total civilian non-institutionalized population	20,136	27,706	8,822	32,959	45,954	2008 – 2012 ACS 5-Year Estimates
Percent uninsured	30.2%	11.2%	4.1%	28.7%	41.7%	
Under 18 years	11.2%	6.8%	0.0%	9.3%	11.1%	
18-64 years	40.2%	13.0%	4.3%	37.8%	55.2%	
65 years and older	6.6%	1.0%	--	4.5%	3.8%	
19-25 years	49.3%	8.4%	4.2%	40.2%	56.7%	
# with ambulatory disability	640	813	26	1,406	1,831	2008 – 2012 ACS
% with ambulatory disability	3.2%	2.9%	0.3%	4.3%	4.0%	5-Year Estimates
# diagnosed w/ HIV in 2010	14	4	0	18	0	PG HIV Epi Profile
# total living HIV cases 2010	136	64	0	248	231	
Rate per 100,000 HIV cases	841.7	243.2	0.0	973.3	626.2	
# of births, 2012	444	271	0	476	857	DHMH Vital Statistics
% Low birth weight, 2012	6.3%	6.3%	--	8.2%	8.1%	Birth Data Set, 2012

**University of Maryland Zip Code*

IV. PRELIMINARY RECOMMENDATIONS

Due to a relatively late start in the assessment process, the HIA process was not able to be followed in its normal sequence. The timing of the requirements for submission of comments to the Maryland-National Capital Park & Planning Commission did not permit the team to perform the usual preliminary research and reference checks for the scoped topics of concern. Therefore, a letter was crafted addressing the standard elements in an HIA and submitted on January 16, 2014 (Appendix, Part e). The following are the topics addressed in brief:

a. **Flood plain impacts on residential development** – references concerns with the potential aftermath of flooding due to proximity to the local Northeast Branch stream.

b. **Impervious surfaces impacts on aquifer recharge area** – beneficial contribution to the groundwater with appropriate construction strategies.

c. **Support for proposed planning/development options** – recognition of the better options amongst all proposals that favor environmental site design and best storm water management concepts.

d. **Noise impacts from trains** – recommending minimum construction parameters to alleviate potential adverse health impacts from noise.

e. **Viewscape impacts on adjacent neighbors** – identify potential impacts on neighboring dwellings because of placement of high rise buildings and consequent shading and potential adverse health impacts.

f. **Deficiency of wholesome food choices** – acknowledges the dearth of food facilities serving the project area generally and encourages marketing to supply the need.

g. **Support for walkability** – acknowledges the good positioning of the Purple Line light rail stations for pedestrian access.

h. **Connectivity with adjacent neighborhoods** – concern noted for the presence of significant barriers surrounding the project area and recommendations to improve connectivity/social interactions.

i. **Lighting parameters** – lighting fixtures need to be designed to avoid adverse impacts on residential areas where it may otherwise interfere with sleep patterns.

j. **Potential air pollutions concerns** – proximity to rail lines offers some measure of health risk. [Further research revealed significant reductions in CSX train emissions becoming the company standard].

k. **Environmental contamination site** – request for Health Department involvement upon completion of presumed future environmental site assessment of the former ERCO building site.

l. **Addition to the public health infrastructure** – acceptance of the concept for including a Health and Human Services venue amongst recommended developments for the project site.

In the development of the Preliminary TDDP document issued in May, 2014, a significant number of the above recommendations were addressed in the plan.

What the transit district could look like when the plan is fully realized.

V. REPORT

Evidence of findings / recommendations

a. **Flood plain - residential/commercial development**

The Department finds that the proposal lacks evidence of sufficiency in attempting to mitigate the potential adverse impacts due to planned construction/development of 'mixed use including residential housing' in the flood plain. It is believed that reliance on FEMA standards and State and County parameters for such development do not take into account the implications of climate change that is occurring.

The U.S. National Climate Assessment (2014) indicates that the frequency and severity of storms is anticipated to increase in the foreseeable future. From 1958 to 2010 there has been in excess of a 70% increase in the amount of extreme precipitation in the Northeastern portion of the country.[1] Strategies to deal with greenhouse gas (GHG) emissions generally are woefully behind the curve, and scientific projections are likely to skew towards ever worsening conditions.

Once a home has been impacted by flood waters, there is a measureable increase in the incidence of asthma and associated EMT calls and/or hospitalizations.[2] Economically, it is inadvisable to place families in situations with which they are unable to cope financially. Therefore, to the maximum extent possible, development of residential dwellings should be avoided in the area designated by the Federal Emergency Management Agency (FEMA) and the State of Maryland as a 100-year floodplain unless property can be developed to withstand a 100 year storm. Alternatives may include establishing off-street parking structures at ground floor level in these areas and/or retail spaces that would be least impacted by a flood. Also, additional flood control measures could be taken to mitigate the risk of flood impacts in the project area.

b. **Connectivity with adjacent neighborhoods**

The project area is uniquely situated in Prince George's County. The social mix of the business area and the adjacent communities is not homogeneous. To the west are communities that are economically middle class, strongly influenced by their proximity to the University of Maryland. To the south is lower income, blue collar housing with a greater percentage of Hispanic residents and other ethnic groups among the characteristically Black and Caucasian population. The project area itself has no residential component at this time.

The TDDP proposes the establishment of high density housing incorporated within the project area in the northern and southwestern areas, which by the nature of new development will increase housing prices not only within the area, but likely inflate values of adjacent housing due to the proximity to the enhanced transportation and retail elements that the plan projects.

The County will benefit by an increase in numbers and value of taxable dwelling units, which will add a commensurate amount to the County's tax revenues. But, as often occurs in such development, the increased values subsequently increase the pressure upon residents who lease/own properties in the adjacent areas due to rent/mortgage inflation. People who are able and desire to live in an area that has become more attractive by proximity will tend to force out former, often longtime residents who have become economically disadvantaged. Gentrification is typically the result of investment in a community by real estate development businesses, local government, or community activists, and can often spur economic development, attract business, and lower crime rates. However, gentrification can lead to population migration, which involves poorer residents being displaced by wealthier newcomers. The Centers for Disease Control and Prevention state that displacement has many health implications that contribute to disparities among special populations, including the poor, women, children, the elderly, and members of racial/ethnic minority groups. These special populations are at increased risk for the negative consequences of gentrification. Studies indicate that vulnerable populations typically have shorter life expectancy; higher cancer rates; more birth defects; greater infant mortality; and higher incidence of asthma, diabetes, and cardiovascular disease. In addition, increasing evidence shows that these populations have an unequal share of residential exposure to hazardous substances such as lead paint.

Other health effects include limited access to or availability of the following:

- affordable healthy housing
- healthy food choices
- transportation
- quality schools
- bicycle and walking paths, exercise facilities, etc.
- social networks

Changes can also occur in:

- stress levels
- injuries
- violence and crime
- mental health
- social and environmental justice[3]

It is recommended/anticipated that local governmental policies and restraints may need to be considered that prevent the adverse impacts of gentrification.

Improvements to the road infrastructure in terms of connectivity between the

neighborhoods would eliminate some of the perceived separation established by the man-made barriers of the rail lines and the storm water infrastructure. Improved access creates opportunities for transit through and from the neighborhoods into the project area. This would allow ease of use of planned community enhancements beyond the currently perceived boundaries, for their intrinsic health benefits and greater general welfare of the adjacent towns and to the County overall. These strategies can help mitigate the isolated character of the project area from the surrounding communities and may foster greater "community" in the human sense.

c. **Open space/green space management/development** – potential for positive health outcomes. As previously shown, Prince George's County has a high proportion of obesity and elevated death rates for heart disease and diabetes. The project plan is proposing preservation and expansion of open space areas for the benefit of public use and environmental and ecological enhancement. On the individual human scale, the project site becomes beneficial as a venue for exercise and physical activity which, according to the National Prevention Strategy (NPS), may result in improved cardiovascular health and diminished waistlines. The active living goals of the NPS are to encourage community design and development that supports physical activity and to facilitate access to safe and affordable places for physical activity. Even those who do not lose weight gain substantial benefits, including lower rates of blood pressure, diabetes and cancer.[4] Additionally, several studies highlight the proven significant and sustained mental health benefits of green spaces.[5] According to one study, optimal mental health can be found in participating in as little as five minutes of exercise in a green space, park or garden.[6]

The Department heartily supports the multiple sustainability/eco-strategies recommended in the plan, which include:

- LEED Certification standards
- Use of recycled, salvaged and renewable materials
- 'Green' roofs for all new buildings
- Community garden spaces, planting beds & composting areas
- Use of drought tolerant grasses, plants, shrubs and groundcovers
- Minimization of storm water runoff through appropriate grading and plantings
- Dedicated bicycle lanes
- Use of high performance lighting systems
- Tree shading on façades
- Use of green materials that are Forest Stewardship Council certified and locally harvested/manufactured
- Planting of fruit-bearing trees
- Pervious parking, alleyways, trails, sidewalks and driveways
- Use of mulches to minimize evaporation & slow erosion
- Environmental site design and green streets techniques use to the fullest extent possible
- Use of renewable energy sources
- Use of harvested rainwater or recycled gray water for non-potable applications

The above strategies not only contribute to the overall development of the green spaces, but also assure that they will be used. They also contribute to the greater community's responsiveness to the impacts of human activities on the environment (e.g., use of pervious pavers promote the active recharge of the County's aquifers).

On a local and regional scale, there are several ecological benefits. Proper development of the sites with trees, foliage, plantings and gardens will do the following:

- Sequestration of CO_2 in soils and vegetation
- Buffer impacts from increasingly strong storm events
- Diminish urban heat island effects in the local environment
- Improve air quality by diminished pollutants

d. **Additional public health infrastructure – extended community benefits.**

The development of the project site to include the Purple Line street car system is a very positive outcome. Placing a satellite community health venue along the Purple Line will enhance the local infrastructure and meet the needs of persons and families that ordinarily cannot easily access the Health Department's more centralized venues in Cheverly, Clinton, Largo, Brightseat Road, etc. The vision for the development of the satellite facility is as a Health and Human Services venue, combining functions of the Health Department, the Department of Family Services and the Department of Social Services. Users may be able to access vital records, referrals for medical services, family services, insurance assistance, guidance on accessing the healthcare system, public assistance, immunizations and vaccinations.

VI. EVALUATION AND MONITORING

The evaluation and monitoring of this project will be an ongoing process as appropriate indicators are developed. We need to identify the type of data we want to start collecting in anticipation of our need to make the necessary comparisons later. For example, since this project includes residential housing which is different from the current use in the area, a mode of collecting information on the increase in residential occupancies over time should be established. As well, several indicators for the project need to be established in order to track incidence of health-related outcomes.

There will be a need for ongoing continuous oversight for communication and accountability with the stakeholders and decision-makers. Data managers will be needed to perform analysis and make comparisons against the baseline, check the impacts and measure the positive and negative outcomes over time. Performing the scoping process for this HIA has taught how inter-related everything is to a healthy community; maintaining a broad perspective in order to capture the consequences to the environment, the community and the economy will be necessary.

There is a need to have sustained integration of the plan on future development projects on the site. Also helpful would be a toolbox of automation and software in the monitoring process and in the evaluative interpretations, e.g. GIS capability and other software programs attuned to the particular aspects of the project.

Paramount is that continued community involvement be facilitated, because the Planning Board will always have the latitude to hear and listen to changes in the community's notional perceptions about the transitions taking place in the project area and making changes in the plan or granting variances as they feel appropriate.

The Health Department is responsible to remain an active and ongoing part of the community involvement structure, in order to properly sustain the aspects of any changes that enhance the public health and wellbeing and resist the tendencies to stray in light of the latest health fad. Accountability of responsible parties will be enhanced by ongoing education and understanding of the effects of various determinants of health. Additional Health Department resources may need to be devoted to a continuous improvement process due to the complexity of Health Impact Assessments.

VII. CONCLUSIONS

The process does not conclude with this report as the Department shall continue in its efforts to address the health-focused concerns in the TDDP and increasingly relate that effort in its commission to work with planners, developers and other entities to advance the health and wellness of the residents and workers and visitors of Prince George's County.

Projections & milestones – Current, 2025 and 2040

Short term (0-3 years) – Submission of the HIA report and approval of the plan with adjustments, as appropriate.

- Development of Health Department contributions to the plan (i.e. the regional Health & Human Services facility concept and partnerships)

- Involvement with the establishment of the TDDP oversight taskforce

    - Further assessment/survey of public sentiments regarding their health and the impacts of the final plan. A survey document has been created to interface with the community and is intended to be sent out to improve the Health Department's data needs and gauge the feelings of the neighboring citizens/residents regarding the projected changes. The draft survey instrument is shown in the Appendix –Part d.

Midterm (4-10 years) – Ongoing capture of health data and demographic transition within and surrounding the project site

- Installation of HHS facility

Long term (11-25) – Ongoing health data receipt and evaluation with report to Planning Board on health outcomes resultant from the CPRP-TDDP.



Vision for the Future

As the County advances down the path of developing its capabilities for performing Health Impact Assessments, there is a next logical approach that is being adopted widely across the country and the world:

> Health in all Policies (HiAP) is a change in the systems that determine how decisions are made and implemented by local, state, and federal government to ensure that policy decisions have neutral or beneficial impacts on the determinants of health. HiAP emphasizes the need to collaborate across sectors to achieve common health goals, and is an innovative approach to the processes through which policies are created and implemented. (NACCHO, 2014)

VIII. ACKNOWLEDGEMENTS

It is hoped that this Health Impact Assessment (HIA) will be of benefit to decision-makers, activists, property owners (present and future), stakeholders, eventual residents and their offspring in the envisioned future College Park-Riverdale Park Transit District.

Prince George's County passed legislation in 2011 that requires that every development project be submitted to the Health Department to perform a Health Impact Assessment. This prompted the Health Department to select this project in order to perform an in depth review of the TDDP and to use this as an opportunity for the Department to leverage training and assistance from the National Association of County and City Health Officials (NACCHO), et al. The Prince George's County Health Department received a grant of mentorship assistance from the NACCHO in August of 2013 to perform a full scale HIA of this project area.

This Health Impact Assessment has been a significant discovery process for the members of the team that worked on it. Lessons learned include the need to have a shared vision for the value of HIA's by all stakeholders, but especially the Health Department staff and the M-NCPPC planners. Also greatly understood now is the necessity of sufficient staff with the breadth of knowledge, skills and abilities to facilitate the HIA process. Also appreciated is the assistance obtained from many corners with a willingness to contribute energy and resources into the execution of the research and development of the product. It is hoped that the budgetary considerations in future years will provide adequately to meet the time, staffing and resource needs for further production of HIA's of a similar or greater magnitude.

This publication was supported by the National Association of County and City Health Officials (NACCHO) through a grant from the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts. Additional support was provided by the Georgia Health Policy Center at Georgia State University. The opinions, findings and conclusions expressed in this publication do not necessarily reflect the views of the Health Impact Project, Robert Wood Johnson Foundations, the Pew Charitable Trusts, NACCHO or The Georgia Health Policy Center.

Health Department HIA Team

Evelyn Hoban, Associate Director, Division of Environmental Health

Manfred Reichwein, Chief, Environmental Protection/Policy Program

Lane Dillon, Supervisor, Environmental Protection/Policy Program

Health Advisory Team, Pedestrian Safety Workgroup, PGHAC

Tiffany Williams-Jennings, Maryland-National Capital P&P Commission

Betty Smoot, Prince George's County Health Department

Christine Godward Green, Safe Routes to School

Fred Shaffer, Maryland-National Capital Parks & Planning Commission

Gwendolyn Clerkley, Department of Public Works & Transportation

Mentorship Group

James Dills, Georgia Health Policy Center, Georgia State University

Kara Blankner, Health Impact Project, Pew Charitable Trusts

Kate McGrail, Institute for Public Health Innovation

Amber Lenhart, Health Impact Project, Pew Charitable Trusts

Tina Yuen, National Association of County & City Health Officials

Maryland-National Capital Park & Planning Commission

Chad Williams, LEED AP BD+C, Planner Coordinator, Community Planning

Tamara Jovovic, Community Planning Division

Administrative Assistance

Apryl Newman, Administrative Aide IV, PGCHD

Kimberly McKinney, Administrative Aide III, PGCHD

Donna Perkins, Epidemiologist, PGCHD

Erin Diamond, Administrative Specialist II, Web designer, PGCHD

Rae Wallace, Graphic Artist

IX. APPENDICES

a. What is an HIA?

Health Impact Assessment (HIA) is a "combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population. HIA identifies actions to manage those effects."[7]

HIA is "a systematic process that uses an array of data sources and analytic methods, and considers input from stakeholders to determine the potential effects of a proposed policy, plan, program, or project on the health of a population and the distribution of those effects within the population. HIA provides recommendations on monitoring and managing those effects."[8]

Determinants of health - include the range of personal, social, economic and environmental factors which determine the health status of individuals or populations.[9]

The factors which influence health are multiple and interactive. Some determinants of health cannot be changed, such as gender, age, and inherited traits. Modifiable determinants of health are not only those which are related to the actions of individuals, such as health behaviors and lifestyles, but also factors such as income and social status, education, employment and working conditions, access to appropriate health services, and the physical environment. These, in combination, create different living conditions which impact on health.

HIA is a process that highlights the interrelated characteristics of the physical, social, economic, etc. life parameters and makes the case for decision-making that can enhance what is beneficial and restrain what is harmful. As an example, consider the decision to improve the walkability of an area. This leads to creating and improving sidewalks and trails (a change in living condition/ environment). This increases the incentive to use such walking paths for both access and enjoyment. This results in greater personal and community wellness, including improved cardio-vascular health, reduction in obesity and certain mental health benefits (health status). Achieving change in these lifestyles and living conditions, which determine health status, are considered to be intermediate health outcomes.

As a result of performing the scoping elements of this HIA, this team has learned that everything impacts health and would encourage others to come to an appreciation of how every sphere of life has an impact on the health of the individual and the vitality of the community.

In 2011, the Prince George's County Council passed legislation (CB-41-2011) "For the purpose of requiring the Planning Board to refer Conceptual Site Plan, Detailed Site Plan, Comprehensive Design Plan, Specific Design Plan, and Master Plan proposals to the Prince George's County Health Department for a health impact assessment review identifying the health impacts or implications of proposed development on the community, and establishing referral requirements for Specific Design Plan applications."

A Health Impact Assessment consists of six distinct steps: Screening, Scoping, Assess Risks and Benefits, Develop Recommendations, Reporting, & Evaluation.

Screening is the evaluation of a project to determine its merits in performing the HIA process. Screening assesses the necessity to address perceived problems in an area and the probability of impacting on the decision-making process against the resources available to devote to the project.

Scoping looks at the health determinants applicable to a project and scopes probable impacts and outcomes, in order to prioritize and focus the effort and resources devoted to the project for best outcomes. Linkages are proposed that lead from the determinants through direct actions to intermediate effects to ultimate health outcomes. (The document that resulted from this exercise is shown in the Appendix, Part b.) What becomes most evident is how nearly every determinant lends some impact, either directly or indirectly, either positively or negatively, to a health outcome.

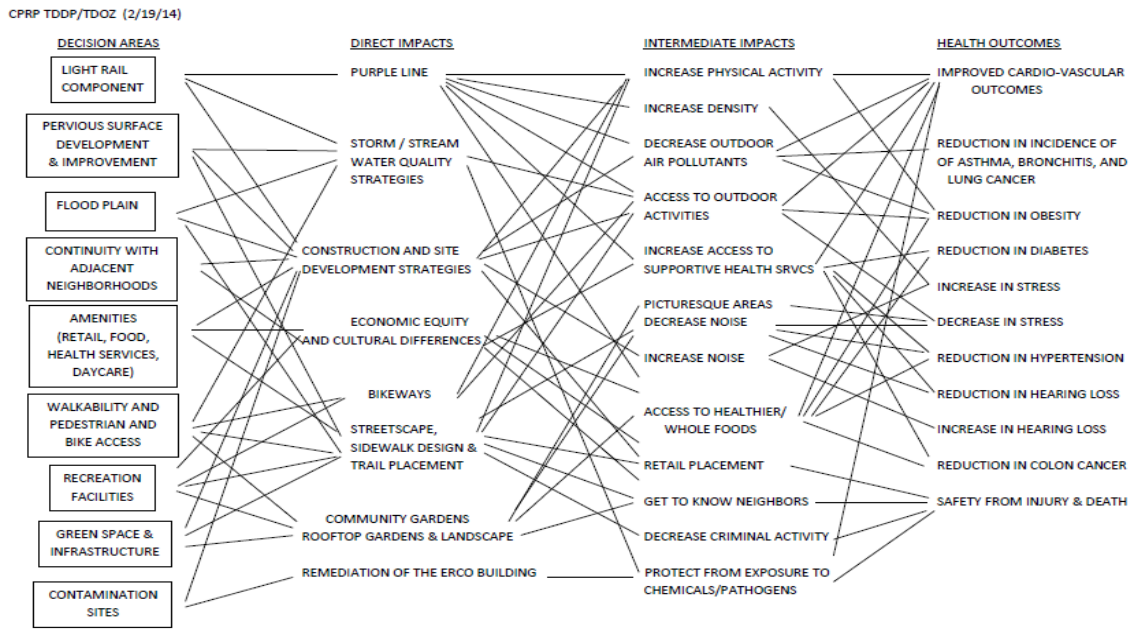
Assessing Risks and Benefits characterizes the baseline characteristics and conditions associated with a project. Investigation is made into the research literature that addresses the potential decisions that might be made and their projected health outcomes.

Developing Recommendations takes the research and combines it with stakeholder input and other resources to come up with a comprehensive picture of the results of certain decisions.

Reporting puts the recommendations into a format that present an unbiased view of the impacts of possible decisions/planning directions and highlights the health-related outcomes. The persons in positions of authority will hopefully incorporate the facts and suggestions into making their final decisions.

Evaluation is the post-decision-making element that outlines the means to monitor the results of the final determinations, assesses whether the actions taken validate the HIA, and follows-up with supportive or corrective reaction/response, whether to fix issues within the specific project or to apply certain concepts in future projects of a similar nature.

b. Scoping Draft



[Note the Complexity of Interrelationships]

Final Scoped Topics:

Flood Plain Issues

Continuity with Adjoining Neighborhoods

Green Space/Open Space/Walkability/Pedestrian Access/Bikeability

Access to Health Services

c. Cited References

1. 2014 National Climate Assessment, U.S. Global Change Research Program, Suite 250, 1717 Pennsylvania Avenue, NW, Washington, DC 20006, GlobalChange.gov
2. Rachel Nuwer/Posted 11.15.12; www.pbs.org/wgbh/nova/earth/forecast-floodplains.html
3. Centers for Disease Control and Prevention, Health Effects of Gentrification, http:// www.cdc.gov/healthyplaces/healthtopics/getrification.htm
4. National Prevention Strategy, National Prevention Council, Washington, DC, US Department of Health and Human Services, Office of the Surgeon General, June 16, 2011.
5. University of Exeter, “Green spaces deliver lasting mental health benefits”, ScienceDaily, ScienceDaily 7 January 2014
6. American Chemical Society, “In the green of health: Just 5 minutes of ‘green exercise’ optimal for good mental health.” ScienceDaily, ScienceDaily, 21 May 2013
7. 1999 Gothenburg consensus statement, **http://www.euro.who.int/document/PAE/ Gothenburgpaper.pdf)**; International Association for Impact Assessment (IAIA). Health Impact

   Practice Principles. IAIA Special Publication Series No. 5. September 2006.
8. National Research Council. *Improving Health in the United States: The Role of Health Impact Assessment*. Washington, DC: The National Academies Press, 2011.
9. Healthy People 2020 http://www/.healthypeople.gov/202/about/DOHAbout.aspx; U.S. Department of Health and Human Services; 200 Independence Avenue, SW, Washington, DC 20201

d. Survey Instrument

Community Survey

The Maryland-National Capital Park & Planning Commission (M-NCPPC) has revised the plans for the College Park-Riverdale Park Transit District. This survey is to learn the views of the members of the surrounding communities about health and wellness as part of the Health Impact Assessment of the project being done by the Prince George's County Health Department. The survey is anonymous and is an opportunity to give your opinions and desires regarding the future of your community.

The Health Department greatly appreciates your taking the time to participate in this survey.

To access the College Park – Riverdale Park Transit District Development Plan website, go to http://www.pgplanning.org/page57837.aspx

1. What is the name of your community or homeowners association?

   Calvert Hills Civic Association

   College Park Old Town Civic Association

   North Riverdale Park Citizens Association

   University Park

   College Heights

   Berwyn Heights

   Hyattsville

   Adelphi Hills

   Buck Lodge

   Chatham

   Cool Spring Terrace

   White Oak Manor

   Other _____

   I don't know.

2. Do you attend your community/civic/homeowners association meetings?

   Regularly

   Only when things are going on

   Rarely

   Never

3. Does your community have a community garden?

   Yes No

4. Does your community have a local farmer's market?

   Yes No

   If yes, where is the market? _____

5. How long have you lived in your community?

   More than 20 years

   10-20 years

   5-10 years

   1-4 years

   Less than 1 year

6. Do you own or rent your residence? Own Rent

7. How far is your typical commute to work?

   0 miles (work from home)

   Less than 2 miles

   2 – 5 miles

   5 - 15 miles

   More than 15 miles

   Not applicable – don't work or retired

9. Check off how often you use each of the following modes of transportation to get to work?

	Daily	Few times a week	Few times a month	Never
Car	-	-	-	-
Carpool	-	-	-	-
Zipcar				
Walk	-	-	-	-
Bicycle				
Bikeshare	-	-	-	-

Metrorail

Train

Bus

Taxi

10. Check off how often you use each of the following for non-work trips?

	Daily	Few times a week	Few times a month	Never
Car	-	-	-	-
Zipcar				
Walk	-	-	-	-
Bicycle	-	-	-	-
Bikeshare				
Metrorail				
Train				
Bus				
Taxi				

11. What do you feel makes a community healthy? Rank the following in importance, with 1 being most important and 12 being least important – health-wise.

Clean air
Clean water
Open space/Green space
Security
Child-friendly
Social connections
Walkable/bikeable roads and trails
No toxins/contaminants in the environment
Easy access to wholesome food choices
Access to health services
Close access to schools
Other _____

12. Do you feel connected to your neighbors and neighborhood? Yes No

13. How much do you know about the College Park-Riverdale Park Transit District Development Plan (TDDP)?

Know a lot Know something Know very little Know nothing

The Park & Planning College Park – Riverdale Park TDDP website is at http://www.pgplanning.org/page57837.aspx

14. Have you attended the Maryland National Capital Park & Planning Commission-sponsored meetings about the project?

Yes No Don't remember

15. What would you like to see happen in the College Park – Riverdale Park Transit District that would increase your feeling that it will be a healthy/healthful community?

16. If the College Park-Riverdale Park Transit District Development was to be built as M-NCPPC proposes (http://www.pgplanning.org/page57837.aspx), would you visit there?

Yes No

17. What types of places/facilities would you visit/use at the College Park-Riverdale Park project area? (Circle all your choices.)

Restaurants Transportation sites Retail Shops Community garden Community events such as concerts Local government offices such as DSS, Health or Social Security office Health clinic/Dr office Museum/historical sites Walking trails Biking trails Park spaces Business offices

Please list any other applicable places or activities not listed above –

_____

18. Do you like the proposed plan for the site as presented by M-NCPPC?

Yes No Undecided

19. If no, please tell us what you do not like about the plan?

20. Please tell us anything else you would like to add.

For Demographic Purposes (Optional)

What is your age?

- 18 – 24
- 25 – 34
- 35 – 44

- 45 – 54
- 55 – 64
- 65 – 74
- 75 or older

What is your gender?

- Female
- Male

What is your race/ethnicity?

- White, non-Hispanic
- Black or African American
- Hispanic
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Pacific Islander
- From multiple races

How many people reside in your household?

What is your household income level?

- Less than $25,000
- $25,000 to $50,000
- $50,000 to $75,000
- $75,000 to $100,000
- $100,000 to $150,000

Over $150,000

e. **Recommendations Letter**

January 16, 2014

Mr. Chad Williams, Project Manager

Maryland-National Capital Park and Planning Commission

14422 Old Mill Road

Upper Marlboro, Maryland 20772

Re: College Park – Riverdale Park

Transportation District Development Plan (TDDP)

Dear Mr. Williams,

The Prince George's County Health Department has begun a Health Impact Assessment of the above referenced project. The following are our comments and recommendations to date:

1. Fully explain the mitigation efforts required to reduce the potential adverse impacts from placing residential structures in the flood plain. Otherwise, to the maximum extent possible, development of residential dwellings should be avoided in the area designated by the Federal Emergency Management Agency (FEMA) and the State of Maryland as a 100-year floodplain. Alternatives may include establishing off-street parking structures at ground floor level in these areas and/or retail spaces that would be least impacted and most financially able to deal with the impacts of a flood.

2. The property is located in the recharge area for the Patuxent aquifer, a groundwater supply that serves the Beltsville Agricultural Research Center, Patuxent Wildlife Research Center and the City of Bowie. Conversion of green space to impervious surface in this recharge area could have long term impacts on the sustainability of this important groundwater resource.

3. Relative to the proposed Land Use options presented at the November 20, 2013 Meeting as shown on the M-NCPPC project website, the Department favors whichever option puts the least residential development in the floodplain.

4. Relative to the proposed Development scenarios, the Department favors Option 2 for the area north of Paint Branch Parkway (for reducing the amount of residential development in the floodplain), Option 4 for the Litton property (for maximizing the amount of green space), and Option 2 for the River Road area (for maintaining a lower profile for the residential development up against the Riverdale Park community).

5. Relative to the proposed Street Network options, the Department favors Option 1 or the Preliminary Proposal that minimizes impact to the “Meadow” area.

6. Relative to the proposed Street Section options, the Department favors Alternative 1a for River Road for the greater amount of tree cover and the most opportunities to include bioswales and other “green” stormwater management elements. Both the “Proposed” sections for Paint Branch Parkway and the Typical Neighborhood are acceptable in their rendering.

7. Relative to the proposed Transportation Connections options, the Department favors the proposed configuration. The artistic rendering shows an apparent “performance space” which may be too close to the rail lines in light of the periodic interference by the noise from the passing trains.

8. Relative to the proposed Open Space Network options, the Department favors the proposed configuration.

9. Relative to the Potential Build Out in 2025 and 2040, the Department favors the Market Analysis Alternate 1 for the greater mixed use in the area north of Paint Branch Parkway and lesser amount of residential development in the floodplain.

10. Relative to the proposed Maximum Building Height options, the Department recommends a combination of the proposed options such that the range of commercial building heights specified in Option 1 would be combined with the range of residential building heights specified in Option 2. It is feared that excessive heights of the taller buildings will interfere with the viewscape to the east for the adjacent residents in College Park.

11. The existing project area exhibits a shortage of wholesome food choices. While it is recognized that the anticipated construction of a Whole Foods market in the immediate vicinity may help to alleviate some of that concern, marketing of the site should include a focus on food purveyors emphasizing whole foods, maximizing affordable offerings of fruits and vegetables and other foods in proportion to nationally established standards for daily nutrition and caloric intake.

12. It is noted that the positioning of the Purple Line stations are such that the walk-time to the halfway point between the stations is ten minutes – deemed to be a good and acceptable parameter for walkability for all age groups.

13. The Department recommends that the adjacent neighborhoods be surveyed as to their preferences in obtaining additional connectivity between their communities and the project area. The possibility exists in the planning stage to provide natural extensions/ connections between the roadways in North Riverdale Park and the project area; and to

increase the number of access points through and under the railroad/Metro tracks from the adjacent College Park neighborhood located to the west. This would mitigate the isolated character of the project area from the surrounding communities and may foster greater "community" in the human sense.

14. With the continued development of the project, the specifications for the lighting schemes should be mapped and assurance given that the illumination will be appropriately shielded at night to prevent sleep disturbances in residential areas while still being sufficient to meet public safety and policing requirements.

15. Diesel-powered locomotives operating along railway lines can be major sources of air pollution, particularly oxides of nitrogen (NOx) and diesel particulate matter. NOx contributes to the formation of smog. Several large-scale studies demonstrate that increased exposure to fine particulate air pollution is associated with detrimental cardiovascular outcomes, including increased risk of death from ischemic heart disease, higher blood pressure, and coronary artery calcification.

16. Structures built adjacent to the railroad line will need to incorporate appropriate noise dampening construction to mitigate the negative health impacts of noise in the project area.

17. The Health Department desires to be party to the review and evaluation of an Environmental Site Assessment for the Erco Building site, to gain assurances as to the appropriateness of the efforts to remediate the alleged contamination on the site.

18. Per your suggestion, the addition of a satellite public health clinic is requested for the project area. One of the scoped impacts that can help make significant improvements to the incidence of chronic disease in Prince George's County is the improvement of access to supportive health services. We would want this facility to be a co-located facility carrying out both health department and social services functions in concert with linkages that are presently between developed between the two agencies.

Thank you for the opportunity to give comments and recommendations for this TDDP/TDOZ project. This Health Impact Assessment is supported by a mentorship grant from the National Association of County and City Health Officials (NACCHO). As a part of the HIA commitment, we will be continuing to follow standardized processes to support and sustain (and potentially re-align) our recommendations subject to ongoing assessment and research into the health impacts of the decisions that are made. We look forward to an ongoing working relationship and dialogue with the project team to mutually assure the benefits of this project to the residents and citizens of Prince George's County.

We welcome your questions, comments and feedback on the recommendations. Please contact me, weekdays between 7:30 a.m. and 4:00 p.m. at 301-883-7682 or via email at mreichwein@co.pg.md.us.

Sincerely,

Manfred Reichwein, Chief

Environmental Engineering Program

MR:klm