Perquimans County Planning Board

A G E N D A

Regular Monthly Meeting
(RESCHEDULED)
Tuesday, January 14, 2014 at 7:00 PM
Courthouse Annex Building

➢ **Call to Order/Prayer/Introduction/Welcome**

I. Approval of Agenda (additions, deletions or corrections)

II. Consent Agenda *(Consent items as follows may be adopted with a single motion, second and vote, unless a request for removal of an item or items is made from a Planning Board Member or Members.)*

- **Approval of 2013 Minutes:** *August 13th and September 10thRegular Meetings; September 18th Special Meeting; and October 8th, November 12th and December 19th Regular Meetings)*

III. Business Item: Presentation/Overview of Consultant's approach to implementing the Community Transformation Grant Program through the establishment of Health Components in the County's CAMA Land Use Plan, by Landin Holland and Wes MacLeod of Holland Consulting Planners

IV. Other Items

A) **Status of November 12th Agenda Item: proposed CUP Permit No. CUP-13-06**, to operate a Heavy Equipment & Dump Truck Repair business at 112 Green Wood Lane, with pending appeal for driveway access from 1700-block of Ocean Hwy. North

B) **FY 2013-2014 Work Program** (updated at Planning Board's 7-9-13 Work Session)

C) **Status Report on Previous Planning Board Recommendations**

D) **Chair's signature on approved minutes, subdivisions, etc.**

➢ **Adjournment**

Presentation/Overview of Consultant's approach to implementing the Community Transformation Grant Program through the establishment of Health Components in the County's CAMA Land Use Plan, by Landin Holland and Wes MacLeod of Holland Consulting Planners

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BACKGROUND/INTRODUCTION: The Albemarle Regional Health Services (ARHS) has provided funding to Perquimans County and the County has contracted with Holland Consulting Planners to implement the Community Transformation Grant Project. Attached hereto is a "fact sheet" and an explanation of what the CTG Project is all about, along with a list of resources and references for additional information relevant to the project. At the meeting, Wes and Landin will give an overview of how they propose to meet the scope of work for this project.

Attachments (2)

Healthy Community Design
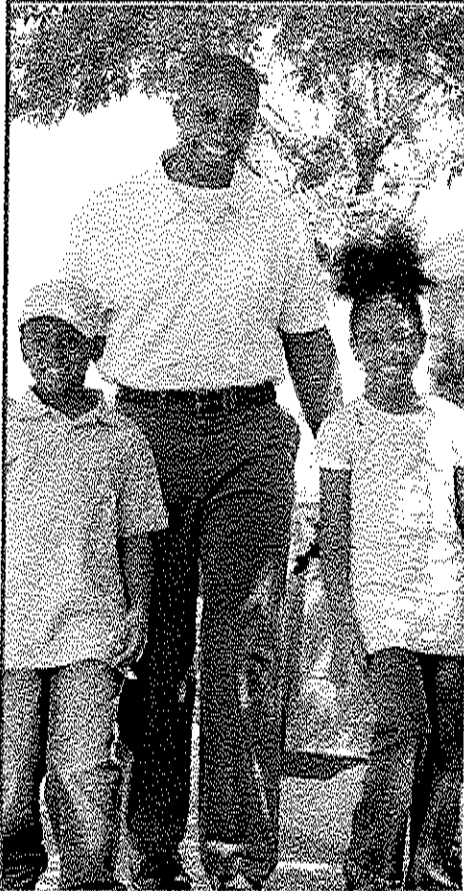
The way we design and build our communities can affect our physical and mental health. This fact sheet explains healthy community design and its health benefits.

What Is Healthy Community Design?

Healthy community design is planning and designing communities that make it easier for people to live healthy lives. Healthy community design offers important benefits:

- Decreases dependence on the automobile by building homes, businesses, schools, churches and parks closer to each other so that people can more easily walk or bike between them.
- Provides opportunities for people to be physically active and socially engaged as part of their daily routine, improving the physical and mental health of its citizens.
- Allows persons, if they choose, to age in place and remain all their lives in a community that reflects their changing lifestyles and changing physical capabilities.
- Ensure access to affordable and healthy food, especially fruits and vegetables.

What Are the Health Benefits of Healthy Community Design?

Healthy community design can provide many advantages:

- Promote physical activity.
- Improve air quality.
- Lower risk of injuries.
- Improve healthy eating habits.
- Increase social connection and sense of community.
- Reduce contributions to climate change.

What Are Some Healthy Community Design Principles?

Healthy community design includes a variety of principles:

- Encourage mixed land use and greater land density to shorten distances between homes, workplaces, schools and recreation so people can walk or bike more easily to them.
- Provide good mass transit to reduce the dependence upon automobiles.
- Build good pedestrian and bicycle infrastructure, including sidewalks and bike paths that are safely removed from automobile traffic as well as good right of way laws and clear, easy-to-follow signage.
- Ensure affordable housing is available for people of all income levels.
- Create community centers where people can gather and mingle as part of their daily activities.
- Offer access to green space and parks.
- Create outlets for fresh fruits and vegetables, such as community gardens and farmers markets.

Conclusion

Designing and building healthy communities can improve the quality of life for all people who live, work, worship, learn, and play within their borders—where every person is free to make choices amid a variety of healthy, available, accessible, and affordable options.

Resources

For more information, go to http://www.cdc.gov/healthyplaces.

E-mail: healthyplaces@cdc.gov

Web: http://www.cdc.gov/healthyplaces/

June 2008

CDC

CS216341

REGION 9 COMMUNITY TRANSFORMATION GRANT PROJECT

COMMUNITIES TRANSFORMING TO MAKE HEALTHY LIVING EASIER

Pasquotank Perquimans Camden Chowan Currituck Bertie Gates Hertford Hyde Edgecombe Northampton Martin Tyrrell Washington

CTG Project

The North Carolina Division of Public Health (DPH) has been awarded Community Transformation Grant Project (CTG Project) funding by the Centers for Disease Control and Prevention (CDC) to work with state and local partners to implement policy, systems, and environmental changes that support tobacco-free living, active living, and health eating through September 2016. The CTG Project supports community-level efforts to reduce chronic disease, such as heart disease, stroke, and diabetes. *A partnership between public health and planning is essential for this project to improve community health through changes in the built environment, access to physical activity, active modes of transportation, availability of healthy foods, and improved air quality through decreasing second hand smoke exposure.*

The CTG Project Region 9 Collaborative is composed of 15 counties with Albemarle Regional Health Services (ARHS) and Dare County Department of Public Health are the lead agencies, and ARHS serves as the fiscal agent for the Collaborative. The 15 counties of the collaborative include: Pasquotank, Perquimans, Camden, Chowan, Currituck, Bertie, Gates, Hertford, Hyde, Dare, Edgecombe, Northampton, Martin, Tyrrell, Washington.

Region 9 is working to impact overall health improvements and reductions in health disparities with a focus on the following Strategic Directions:

- **Active Living:**
  - *Increase the number of new or revised comprehensive plans that include health considerations.*
  - Increase the number of joint-use agreements that increase access to physical activity opportunities.
- **Healthy Eating:**
  - Increase the number of new or enhanced farmers' markets, mobile markets, farm stands, and community supported agriculture (CSA) programs.
- **Tobacco-Free Living**
  - Increase the number of smoke-free government buildings and indoor public places.

The Health of Our Society – The Challenge

North Carolina and the eastern part of the state face disproportionately high rates of overweight and obese adults.[1] Eastern North Carolina is rural in nature with a high low-income and minority population, who are at-risk groups for obesity and related chronic diseases, such as diabetes, heart disease and stroke.[2,3] Additionally, researchers have predicted future generations may be the first to experience a decline in life expectancy due to rise in prevalence of obesity and obesity-related chronic conditions.[4] In other words, this is bee the first generation who may not live as long as their parents.[4]

Research shows the way American cities and towns are developed and designed contribute to unhealthy lifestyles, and in turn chronic diseases. For examples, places designed with inadequate infrastructure for alternative active modes of transportation discourage walking and biking, and increase vehicular transportation in a community.   Increased vehicular transportation in a community has several negative impacts, such as air pollution, car crashes, unsafe conditions for biking and walking, and an increase in sedentary lifestyles. All of these implications may be associated with poor health outcomes within a community.

Comprehensive Plans including Health Considerations

Background

In the beginning years of planning, public health was an integral part of the need to address planning of cities and towns. Due to rapid growth and urbanization, cities were facing issues such as overcrowding, human and animal waste, and outbreak of infectious and communicable disease. To address such issues, planning and public health joined forces to reduce congestion, improve public health, and support social reform in housing and sanitation with an overall goal to reduce disease and improve community health. Policies were put in place to improve infrastructure and community health, and these policies molded the future of planning and the built environment.[5]

As the built environment improved and infectious disease decreased, the divide between professions occurred. Planners' no longer directly addressed health and safety, and increased their focus on land use and transportation. Meanwhile, public health professionals addressed health and safety concerns separately from the planning word.[6]

Currently, some comprehensive plans may cause unintentional harm to the community's health. Some components of a comprehensive plan, such as land use, open space, and transportation can impact the public in terms of transportation options, food access, clean air, and physical activity. These indicators influence the health of the community, and may be linked to the rise in obesity and chronic diseases.[5]

The Benefits

As the health and safety of our communities continues to be a top concern, and obesity and chronic disease rates increase, public health and planning must reemerge as a partnership. The American Planning Association recognizes the importance of addressing public health in planning, and shared their support and best practices in a publication, "Healthy Planning An evaluation of comprehensive and sustainability plans addressing public health.[5]"

"Improving the built environment in ways that promote active living, healthy eating, social and mental health, and safe environmental conditions, among others, benefits the health of an entire community. Planning is the first step towards reaching such benefits.[5]"

Including health considerations in comprehensive plans can improve a community's health by increasing physical activity, reducing injury, increasing access to healthy foods, improving air and water quality, minimizing the effects of climate change, decreasing mental health stresses, strengthening the social fabric of a community, and providing fair access to livelihood, education, and resources.[7] All of these benefits can improve the quality of life and longevity of citizens in a community.

In addition to increasing the quality of life and longevity of citizens, healthy communities promote economic development and prosperity by increasing productivity in the workplace, decreasing sick days, and lowering healthcare costs. By addressing health considerations in the planning process, communities can develop health related goals and policies that create healthier places to live, work, and play. The Department of Commerce believes healthier communities is a major selling point in attracting and retaining new businesses, investments, talent, and people.[8]

Resources:

- "Healthy Planning – An evaluation of comprehensive and sustainability plans addressing public health" http://www.planning.org/research/publichealth/pdf/evaluationreport.pdf
- "Built Environment + Public Health Curriculum" http://www.bephc.com/
- "Designing and Building Healthy Places" http://www.cdc.gov/healthyplaces/default.htm
- "Change Lab Solutions" http://changelabsolutions.org/healthy-planning
- "American Planning Association – Planning and Community Health Research Center" http://www.planning.org/nationalcenters/health/

References

1. Centers for Disease Control and Prevention. County Level Estimates of Obesity – State Maps (2009). Diabetes Data & Trends. http://apps.nccd.cdc.gov/DDT_STRS2/CountyPrevalenceData.aspx?mode=OBS. Accessed February 15, 2013.
2. Flegal KM, Carroll MD, Ogden CL, Curtin LR. Prevalence and trends in obesity among US adults, 1999-2008. *JAMA* 2010; 303(3):235-41.
3. Ogden CL, Lamb MM, Carroll MD, Flegal KM. Obesity and socioeconomic status in adults: United States, 2005-2008. *NCHS Data Brief* 2010(50):1-8.
4. Olshansky, S.J., D.J. Passaro, R.C. Hershow, et. al. "A Potential Decline in Life Expectancy in the United States in the 21st Century." *The New England Journal of Medicine* 352, no. 11 (March 17, 2005):1138-45.
5. Ricklin, A., et al. 2012. *Healthy Planning: an evaluation of comprehensive and sustainability plans addressing public health.* Chicago: American Planning Association.
6. Atlanta Regional Health Forum and Atlanta Regional Commission. 2006. *Land Use Planning for Public Health: The Role of Local Boards of Health in Community Design and Development.* Available at www.cdc.gov/healthyplaces/publications/landuseNALBOH.pdf.
7. http://www.cdc.gov/healthyplaces/default.htm
8. http://healthyamericans.org/assets/files/TFAH2013HealthierAmericaXrpt14.pdf