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PRACTICE HEALTHY HOUSING



Zoning to Improve Health and Promote Equity

By Elizabeth Whitton

From its inception, the explicit intent of zoning was to promote healthy living conditions by physically separating housing from the harmful effects of heavy industrial or commercial uses.

In retrospect, we now know that a rigid adherence to the ideal of separated uses has created sprawling development patterns and contributed to a rise in health disparities and chronic disease.

Recently, planners and public health professionals have taken a renewed interest in the connections between the built environment and health. Planners have the ability—by virtue of their position in the community—to promote healthy behavior. For example, planners can encourage physical activity by helping to draft and implement policies that make the built environment safer and more convenient for walking and biking. Additionally, planners influence where food and beverages are produced, sold, and distributed through zoning standards and public finance decision making. Planners can also reduce health disparities with collaboration and engagement. Through development-related policy and decisions, planners can effect meaningful change by creating equitable opportunities for healthy places.

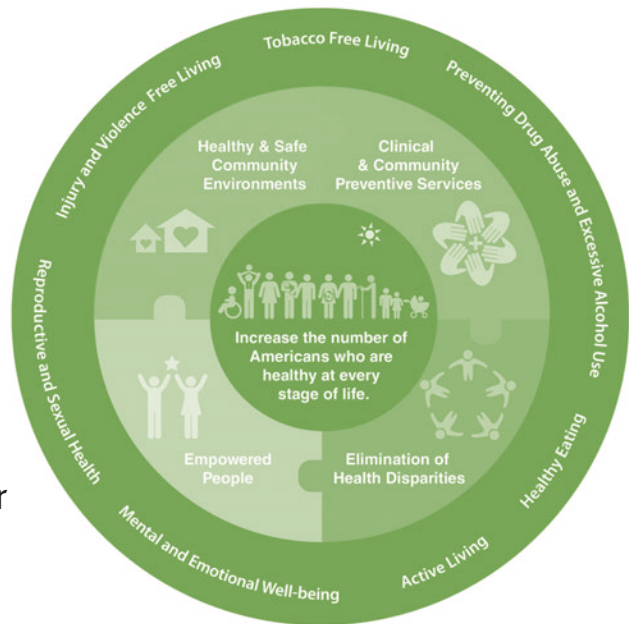
Development regulations govern all types of uses, but in terms of promoting health, regulations that affect the location, type, and design of housing are especially important. As the space where people spend a significant portion of their day, housing and the immediate environs have a significant influence on community health. The role of housing in promoting health and reducing disparities is multifaceted. Through their roles in policy and code development, planners can promote posi-

tive health outcomes and reduce disparities by fostering environments supportive of housing options that are safe, affordable, and adaptable to specific needs.

This article discusses how communities can use zoning and other development regulations to promote healthy living environments. The following sections highlight a number of potential regulatory changes in support of reducing health disparities by increasing affordable housing options and improving access to care. The article concludes with recommendations to help communities reestablish the primacy of health in planning and zoning.

SETTING THE STAGE

When societies invest in the social determinants of health (i.e., the circumstances in which we are born, live, work, and age, as well as the systems put in place to deal with illness), every sector of the economy and every segment of society benefits. In 2011, the Office of the U.S. Surgeon General released the National Prevention Strategy (NPS), which serves as “America’s Plan for Better Health and Wellness.” With a mission to increase the number of Americans who are healthy at every stage of their life, the NPS has four strategic directions: elimination of health disparities, empowering people, clinical and community preventive services, and healthy and safe community environments (National Prevention Council 2011). This last strategic area falls directly under the purview of planning and zoning professionals.



➡ A graphic representation of the National Prevention Strategy’s goal, strategic directions, and priorities.

National Prevention Council

The concept of a healthy and safe environment is exemplified by a community that serves the needs of all residents, encourages meaningful public engagement and collaboration, and promotes equity through policy and action. In order to make progress toward these goals, communities must provide safe and affordable housing in efficient locations in order to improve quality of life and empower residents.

Research has shown that where we live has a greater effect on our health than our genetics (RWJF 2014). Given that local development regulations influence nearly every aspect of the built environment, it stands to reason that subdivision, zoning, and building codes can be important tools for improving health outcomes. However, communities interested in making changes to development codes should first make sure that these changes are in conformance with a locally adopted comprehensive plan.

Ideally, the local comprehensive plan provides the policy foundation for zoning and discretionary land-use decisions. Many communities across the United States have references to health in their comprehensive plans. These references range from a passing mention of the public’s health and safety to a dedicated health chapter (or element) to overarching

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About the Author

Elizabeth Whitton is a research associate in the American Planning Association’s Planning and Community Health Center. She conducts research projects, promotes the work of APA members, and advocates for stronger integration of health and planning professions. Her experiences as a Peace Corps volunteer in rural Morocco led her to pursue a career in land-use and public health planning.

health-supportive language throughout the plan’s vision, goals, strategies, and policies (Ricklin and Kushner 2013). When communities include health-supportive goals and policies in their comprehensive plans, it lends support to regulatory changes intended to promote healthy behavior and reduce inequities.

HEALTHY HOUSING

Planning and public health were initially linked as a way to improve substandard housing conditions. Even though success has been significant, challenges in housing quality still remain. For example, a 2014 article in *Health Affairs* examined the relationship of asthma-related emergency-room visits or hospitalizations and housing code violations. A team of pediatricians at the Cincinnati Children’s Hospital Medical Center found a correlation between these two variables, further strengthening the intersection of housing conditions and health disparities (Beck et al. 2014). Planners, particularly those whose portfolio includes building permits and housing-related issues, have tools at their disposal to support residential environments that positively influence health outcomes.

In 2014, the National Center for Healthy Housing, in collaboration with the American Public Health Association, released the National Healthy Housing Standard (NHHS). This is an evidence-based tool to facilitate improved housing conditions. This document is an excellent example of how to use multiple codes to improve health outcomes.

Designed to promote connections between the health and building codes, the NHHS is written in language that can easily be adopted by local governments. Acting as a complement to the International Property Maintenance Code, the NHHS integrates public health considerations into housing code language. Each chapter provides requirements

and stretch provisions for different housing code elements: Duties of Owners and Occupants; Structure, Facilities, Plumbing, and Space Requirements; Safety and Personal Security; Lighting and Electrical Systems; Thermal Comfort, Ventilation, and Energy Efficiency; Moisture Control, Solid Waste, and Pest Management; and Chemical and Radiological Agents (NCHH 2014).

UNIVERSAL DESIGN

The term *universal design* refers to a design approach intended to produce products and environments “usable by all people, to the greatest extent possible, without the need for adaptation or specialized design” (Connell et al. 1997). Awareness of universal design is growing and will continue to increase in importance as the needs of the population change. In housing terms, this can be portrayed multiple ways: step-free entrances; doorways wide enough for wheelchairs and other assistance vehicles; bathrooms in accessible locations; and bathroom and household features with adjustable heights to accommodate children, the disabled, and sitting adults.

In general, universal design should promote these principles (Connell et al. 1997):

1. **Equitable use:** provides the same means for use by all
2. **Flexibility in use:** accommodates a wide range of individual preferences and abilities
3. **Simple and intuitive use:** easy to understand
4. **Perceptible information:** the necessary information is effectively communicated to the user
5. **Tolerance for error:** design minimizes hazards and the adverse consequences of accidental or unintended actions

6. **Low physical effort:** can be used with a minimum of fatigue
7. **Size and space for approach and use:** size and space provides for approach, reach, manipulation, and use regardless of user’s body size, posture, and mobility

The concept of visitability is an important aspect of universal design. A “visitable” space is one in which all people—no matter age or ability—can enter, circulate, and enjoy. Cities across the country are adopting legislation that promotes this concept in building codes and other types of regulations governing development. An overwhelming majority of visitability legislation ties implementation to new construction funded through public dollars. For a space to be visitable does not mean that it is completely accessible to someone with limited mobility. Instead, it ensures that common spaces—entrances, bathrooms, and hallways—are accessible to all, regardless of mobility (Evans-Cowley 2006).

In 2011, Philadelphia adopted the City-wide Vision component of *Philadelphia 2035*, the city’s first new comprehensive plan in more than 50 years. The plan weaves health-supportive language, policies, and strategies through-

EXAMPLES OF CITIES WITH VISIBILITY REQUIREMENTS

Mandatory for all new single-family homes

Austin, Texas (§25-12-243.R320)

Bolingbrook, Illinois (§§25-901–911)

Mandatory for projects in certain districts

Arvada, Colorado (§§18-501–512)

Mandatory for projects receiving public assistance

Atlanta (§8-2182)

Baltimore (Building, Fire, and Related Codes, Chapter 36)

Long Beach, California (§18.66)

St. Petersburg, Florida (§§17.5-72–78)

Syracuse, New York (§§27-157–161)

out the entire document. Simultaneously, the city developed a new zoning code, adopted a year later, to help implement the plan.

Because the city is expected to see an increase in residents aged 55 and older, the new code requires 10 percent of the units in all new subdivisions with more than 50 detached or semidetached homes to be visitable (§14-708(3)(b)). Additionally, all housing units constructed with public financing are required to meet these visitability requirements. For a space to be visitable, it must have at least one entrance at grade level and one half-bath on the first floor, and all first-floor hallways and doorways must be wide enough to accommodate a wheelchair (§14-203(359)).

AFFORDABLE HOUSING

Because affordability is relative, most housing policy experts define affordable housing in terms of the percentage of household income required to cover housing costs. Federal affordability guidelines (and many localities) use 30 percent as the threshold for affordability. Over one-third of all households in the United States spend more than 30 percent of their monthly income on housing costs (U.S. Census Bureau 2015). When residents pay this much for housing, it reduces the amount they can spend on other health-promoting behaviors, such as buying, cooking, and eating nutritious food. The challenge of affordable housing is present in communities of all sizes.

Affordable housing units can positively impact an individual's health in several ways. When households have additional resources,

they have increased options for healthy food and health care opportunities. Tenure in a residential unit and the stability it provides can reduce stress and associated health triggers. The site's location and quality of housing stock have the ability to increase access to multiple modes of transportation as well as reducing exposure to disease-causing allergens and toxins (Lubell et al. 2007). Development regulations are a proven tool for increasing affordable housing units. Two of the most effective approaches are upzoning and inclusionary zoning.

Upzoning

Across the country, municipalities are pursuing upzoning as a way to promote increased densities within existing neighborhoods. Upzoning is any rezoning that relaxes use permissions; density or height limits; setback, landscaping, or parking requirements; or other standards that affect the form or appearance of development. Many upzoning actions allow for a net increase in the total number of housing units permitted in an area. In most situations, increasing the total number of permissible units decreases per-unit costs.

While upzoning actions vary greatly depending on community context, one common goal is to promote a variety of housing types (e.g., accessory dwelling units, small-lot residential subdivisions, multifamily conversions of existing single-family homes, or new multifamily developments). For example, transit-oriented developments are often facilitated through an upzoning process. In terms of

health behavior, increased densities promote walkability and increased physical activity opportunities.

Inclusionary Zoning

The term *inclusionary zoning* refers to zoning standards that either require or incentivize the provision of deed-restricted affordable housing units in otherwise market-rate developments. Incentive-based inclusionary zoning provides developers with specific benefits if a certain number of new units are set aside for those who qualify for income-restricted housing. These benefits may be in the form of reduced impact fees, density bonuses, or relaxed development standards. Mandatory inclusionary zoning requires new developments to set aside a certain percentage of units for those who meet affordable housing requirements. See the September and October 2004, December 2006, and March 2007 editions of *Zoning Practice* for a more complete discussion of inclusionary zoning techniques.

In Pasadena, California, and surrounding areas, housing is expensive due to high land costs and a lack of developable land. In response, the city has implemented both mandatory and incentive-based inclusionary zoning to increase the availability of affordable housing units.

Pasadena's inclusionary housing ordinance, which has been in place since 2001, requires developers of residential projects with 10 or more units to set aside 15 percent or more of units for income-qualified households. For rental projects, 10 percent of the units must be



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➡ Rosa Gardens is a LEED Gold infill affordable housing project in Palm Springs, California.



➔ Street networks that accommodate multiple modes of transportation make it easier for residents of all ages and abilities to access care.

set aside (and deed restricted in perpetuity) for households earning 51 to 80 percent of the county's area median income (AMI), and the other five percent are for households earning 81 to 120 percent of the AMI (i.e., moderate-income housing).

For projects with units for sale, all income-qualified units must be affordable to those who meet the moderate-income requirements (§17.42). This policy alone has increased the number of affordable units by 446, and there are an additional 253 projected in the coming years (ULI 2014).

The city does have an opt-out provision. Developers can pay a fee-in-lieu if they choose to not abide by the ordinance. To date, this program has added more than \$17 million to the city's coffers—which is allocated for additional affordable housing projects (City of Pasadena 2015).

Working in concert with the city's inclusionary housing ordinance are the housing incentives fee program and the density bonus ordinance. The fee program was created in 2004 to encourage developers to add affordable housing units to their new projects. If they do so, they will be eligible for a reduction in impact fees, building permit fees, construction taxes, and transportation fees (§§4.17.050.F and 4.19.050.E). This program complements the city's density bonus ordinance, which allows developers to exceed zoning code limits if the project includes affordable housing units (§17.43).

In 2014, the Urban Land Institute (ULI) honored Pasadena with a housing policy leadership award. According to ULI's award announcement, since 2001 the city's affordable-housing policies have led to the production of 1,370 units that meet the city's affordability guidelines. However, Pasadena's success lies not only in the numbers themselves but

**Pasadena's new
affordable housing
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transportation.**

in where these units are located. The housing element of the city's comprehensive plan prioritizes transit-oriented development. And over the past 15 years, nearly all of the new housing units built in the city have been located within a half-mile of a transit stop or employment center. As a result, the city's new affordable housing units are located in areas that facilitate easier access to jobs, housing, transportation, and other necessary services (ULI 2014).

ACCESS TO CARE

While planners routinely consider how housing location affects access to jobs in a community or region, it is less common for planners to consider the effects of housing type and location on access to care. Planners can use development regulations to improve access to care by zoning for an aging population and including access to care as a criterion for approval in land-use decision-making processes.

Zoning for an Aging Population

Planning for aging population has increased in importance as the baby boomer generation begins to transition out of the workforce. In many contexts, the primary goal is to help residents "age in place."

The phrase *aging in place* is often closely associated with policies and design strategies that make it safe and practical for residents to live independently, without moving to a different community, for as long as possible. In order for a community to effectively promote aging in place, it must have a built environment that supports residents of all ages with safe, affordable, and supportive housing and transportation options as well as access to care and economic and social opportunities. Communities without these features carry higher risks of social isolation, poverty, and poor health for older residents (Harrell et al. 2014). While many communities have long defined and permitted nursing homes and age-restricted housing in their zoning codes, now the focus is broadening to include accessory dwelling units (ADUs), smart growth, and Continuing Care Retirement Communities (CCRCs) (among other tools associated with aging in place).

ADUs can be either small, detached dwelling units on the same property as a single-family home or a small additional living space with a separate entrance, kitchen, and bathroom attached to a single-family residence. In both forms, ADUs provide opportunities for older residents to live independently in close proximity to family members or trusted friends (hence the colloquial term "granny flats"). As cities revise their comprehensive plans and development regulations to promote health, a growing number are permitting ADUs in low-density single-family residential districts. See the July 2012 edition of *Zoning Practice* for a more complete discussion of ADUs.

Continuity of care is a health term that considers the quality of care services over a broad period of time. The concept behind a

CCRC, also known as a continuance-of-care community, is to combine multiple types of dwelling units and health services within a residential setting. The approval and permitting process for a new CCRC can be troublesome, particularly if a locality's zoning code does not have a compatible category for such a facility. There are two basic alternatives for explicitly permitting CCRCs: (1) create a new base or overlay district for these facilities or (2) define and regulate them as a distinct use.

Creating a new district or overlay allows for targeted placement of CCRCs, ideally near existing health care facilities. West Boylston, Massachusetts, has an overlay district specifically for CCRCs. Its zoning ordinance explicitly states that the overlay district is designed to promote access to care and other services for the elderly (§2.9).

Defining and permitting CCRCs as a distinct use allows for a more streamlined approval by avoiding ad-hoc land-use interpretations and planned development processes. Grosse Pointe Woods, Michigan, defines and permits CCRCs in its community facilities district, subject to use-specific standards addressing site and building design (among other topics) (§50-340(1)).

Access to Care in Land-Use Decision Making

While health care infrastructure and capacity is not a common criterion in land-use decision-making processes, adding this consideration to site plan review and discretionary use permit approval criteria can be an effective technique for supporting access to care. For example, offi-

cials can require master plan or site plan review applicants to demonstrate the sufficiency of health care infrastructure capacity along with any public infrastructure requirements. This, at a minimum, encourages discussion and thought about how residents will receive primary and emergency care, particularly if the main users of the project will be over the age of 55. Additionally, communities can use proximity to health care facilities or transit as review criteria for discretionary permits associated with age-restricted housing or CCRCs in order to support safe and connected routes between housing and care.

RECOMMENDATIONS

The above examples feature cities that have effectively used their regulations to promote healthy behaviors and reduce disparities. They are further evidence that there is no one correct approach to take. With that in mind, here are suggestions for how your community can more effectively promote health through housing-related regulations.

Pursue Health in All Planning Policies

Health impacts every element of a community. In order to maximize our investments in health, planners need to play their part and understand what health means in a planning context. If your community's comprehensive plan includes references to health, are your zoning code and other development regulations consistent with this language?

Comprehensive zoning reform—including transition to a form-based code, hybrid code, or unified development code—offers an op-

portunity for pursuing a health in all planning policies approach. These code updates and transitions are a crucial strategic approach a community can pursue to foster a regulatory environment that improves health outcomes and reduces disparities.

Align Public Finance Decisions With Health Planning Efforts

Incorporating members of the health community in the development of the capital improvement program (CIP) and infrastructure investment decisions can improve linkages to preventive and clinical care, particularly for underserved populations. Many communities have utilized this process to identify where to locate health facilities such as extensions to health department services and federally qualified health centers—facilities that provide comprehensive services to underserved populations.

In Dubuque, Iowa, the comprehensive plan was developed in coordination with the health department's Community Health Needs Assessment and Health Improvement Plan. The coordination produced a strong focus on access to services in the plan's policy statements, and this commitment to promoting equitable access to all services for the city's residents allowed officials to assess the need, identify the best location, and secure funding for a federally qualified health center (Ricklin and Kushner 2013).

Engage Housing and Community Development Stakeholders

The involvement of affordable housing providers, community development corporations, and



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Spring Harbor is a continuing care retirement community in Columbus, Georgia.

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other related stakeholders is vital for increasing housing options that promote well-being. These parties can be key partners in promoting health and equity in a community. An understanding of their work and involvement with development regulations can foster improved communication and more efficient interdisciplinary efforts.

CONCLUSIONS

Intrinsically linked to economic and community development, health is a cross-cutting concept. By virtue of their position in government and influence over built environment policy and regulation, planners have a platform for promoting healthy behavior and reducing disparities. Zoning codes, public finance

decisions, and building codes influence the environments in which people live, work, and play. By fostering an environment that creates affordable, safe, and location-efficient housing options, the planning profession can make real, measurable differences in the health of all residents.

Cover: Healthy communities encourage active lifestyles. rbss_47/Photodisc/Thinkstock; design concept by Lisa Barton.

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3