

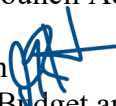



June 3, 2025

FISCAL AND POLICY NOTE

TO: Colette R. Gresham, Esq.
Interim Council Administrator

Karen T. Zavakos
Associate Council Administrator

THRU: Josh Hamlin 
Director of Budget and Policy Analysis

FROM: David Noto 
Legislative Budget and Policy Analyst

RE: Policy Analysis and Fiscal Impact Statement
CR-054-2025 Public Health Impact Investigation

CR-054-2025 (*Proposed by:* Council Member Oriadha)

Assigned to the Health, Human Services and Public Safety (HHSPS) Committee

A RESOLUTION CONCERNING PUBLIC HEALTH IMPACT INVESTIGATION for the purpose of directing the Prince George's County Department of Health to conduct a study of the public health impact of fast food, liquor and tobacco store locations and distribution on neighborhoods in Prince George's County.

Fiscal Summary

Direct Impact

Expenditures: No anticipated impact on expenditures.

Revenues: No impact on revenues.

Indirect Impact

Likely Favorable.

Legislative Summary:

CR-054-2025¹ was introduced by Council Vice-Chair Oriadha and is also sponsored by Council Chair Burroughs. It was introduced on April 29, 2025, and referred to the Health, Human Services, and Public Safety Committee. This resolution would direct the Prince George's County Health Department to conduct a study on the public health impact regarding the equitability of the distribution of fast-food restaurants, liquor stores, and tobacco stores throughout neighborhoods within the County.

Background:

Neighborhood-level variables, such as the proportion of socioeconomically disadvantaged residents, have been associated with a greater density of certain types of retail establishments, such as tobacco stores, liquor stores and fast-food restaurants. The products offered by these outlets are frequently associated with negative health outcomes for users. Tobacco use is one of the leading causes of preventable death in the United States, and disproportionately affects individuals from historically disadvantaged populations and lower socioeconomic status individuals². Studies suggest that fast-food availability is related to greater obesity, through the overconsumption of ultra processed, energy-dense but nutrient-poor foods, which can in turn lead to a variety of chronic, diet-related illnesses, such as cardiovascular disease, diabetes and certain types of cancer.³ These chronic conditions are also frequently linked with excessive alcohol consumption, as are liver cirrhosis and crashes caused by drunk driving.⁴ Studies to address whether these outlets are equitably distributed, or if concentrations of these outlets pose immediate health hazards to certain populations are still an emerging field of research, with studies of disparities of other social determinants of health, such as the accessibility of supermarkets, being better represented.⁵ However, studies have found that utilizing local zoning and land use powers could be an effective tool to protect the public health of a community by regulating the location and density of alcohol, tobacco, and fast-food retail outlets.⁶

¹ [Prince George's County Council - Reference No. CR-054-2025](#)

² [Neighborhood Disadvantage and Tobacco Retail Outlet and Vape Shop Outlet Rates - PubMed](#)

³ [A Systematic Review of Fast Food Access Studies - PubMed](#)

⁴ [Chronic Diseases and Conditions Related to Alcohol Use - PMC](#)

⁵ [Neighborhood Disparities in Access to Healthy Foods and Their Effects on Environmental Justice - PMC](#)

⁶ [Land Use Planning and the Control of Alcohol, Tobacco, Firearms, and Fast Food Restaurants | AJPH | Vol. 93 Issue 9](#)

Relevant legislation from Other Jurisdictions:

It appears comparatively rare for a study of the type described in CR-054-2025 to be undertaken by a local health department. This type of study, which may be sponsored by a local or state health department, is typically conducted by researchers from a university, frequently a school of public health. For example, the Baltimore City Department of Planning examines Baltimore's food environment to inform the work of the Food Policy and Planning Division⁷. The Baltimore City Department of Planning worked with the Johns Hopkins Center for a Livable Future, which operates out of Hopkins' Bloomberg School of Public Health, on food environment research between 2011-2018. Each year, the Food Policy and Planning Division releases a "Food Environment Brief" for the City, which specifies Healthy Food Priority Areas (HFPA) (formerly known as "food deserts") within the City, the factors that determine a HFPA and the number of residents within a HFPA⁸. Another term occasionally used is a "food swamp", an area with increased availability to unhealthy food, of the type commonly served in fast-food restaurants.⁹ The factors used for determining a HFPA are:

- The distance to a supermarket is more than a quarter of a mile
- The median household income is at or below 185% of the Federal Poverty Level
- Over 30% of households have no vehicle available
- The average Healthy Food Availability Index (HFAI) score for available food stores is in the lowest tier.*¹⁰

The County's Healthy Food Priority Area map provides a similar overview, but without the in-depth analysis provided in Baltimore City's annual brief, which also includes data on the utilization of federal nutrition benefits (primarily SNAP and WIC) and the types of food retailers (separated into corner stores, convenience stores, public markets and supermarkets) and the quality of the food offered, as determined by the presence of staple foods and whether healthy options of common foods are available.¹¹¹² However, the data included in Baltimore City's Food Environment Brief does not include information on the number of fast-food establishments within an HFPA. Furthermore, the Food environment brief does consider data regarding alcohol and tobacco stores, or the equitability of the placement of these establishments.

*HFAI is derived from the Nutrition Environment Measures Survey for Stores (NEMS-S). Public markets were evaluated using an adapted NEMS-S to assign an HFAI score for each market.

Resource Personnel:

- Reese Espy-Glassman, Legislative Officer

⁷ [Mapping & Data | Department of Planning](#)

⁸ Ibid

⁹ [Neighborhood Fast Food Restaurants and Fast Food Consumption: A National Study - PubMed](#)

¹⁰ [Mapping the Food Environment | Baltimore City Health Department](#)

¹¹ [Areas Without Healthy Foods](#)

¹² [Mapping the Food Environment | Baltimore City Health Department](#)

Discussion/Policy Analysis:

CR-054-2025 specifically mentions a 2019 study in the *Journal of Urban Health* that identified “alcohol outlet clusters” as an important social determinant of health in cities and noted that alcohol outlet density is associated with higher levels of alcohol consumption, misuse and related harms. In the study’s abstract it states, “Alcohol outlet clusters are an important social determinant of health in cities, but little is known about the populations exposed to them. If outlets cluster in neighborhoods comprised of specific racial/ethnic or economic groups, then they may function as a root cause of urban health disparities.”¹³ The study used 2016 liquor license data from Baltimore City and demographic data from the American Community Survey.¹⁴ Alcohol outlet density, meaning the number of stores in an area that sell alcohol and how easy it is to travel to one of them is associated with higher levels of alcohol misuse. Alcohol outlet clustering is a more extreme version of alcohol outlet density. The study found that discriminatory housing practices like redlining contributed to an unequal distribution of risks and resources throughout Baltimore,¹⁵ and there were clear racial and economic disparities among the populations located inside alcohol outlet clusters, which were characterized by Black residents, economic disadvantage and disinvestment.¹⁶ Similar studies exist examining how tobacco stores and fast-food restaurants in economically disadvantaged areas lead to negative health outcomes for neighborhood residents. Based on research related to this study, it was found that the data analysis and report writing for this study took between 3 and 4 months to complete.

The link between availability of alcohol and increases in consumption has been well researched since the 1970s, and there is a body of public health literature describing a positive association between physical availability of alcohol and increased sales, and a corresponding association with alcohol-related problems, such as cirrhosis, drunk driving resulting in crashes, and incidents of alcohol-fueled violence.¹⁷ Utilizing this research, public health advocates began campaigns designed to limit the proliferation of retail alcohol outlets, starting in the 1980s through local ordinances.¹⁸ The use of zoning to control either sales of tobacco or fast-food remains largely unexplored, but ought to have relatively firm legal footing, given the precedent set by the use of zoning to limit the number of alcohol retail outlets.¹⁹ Nonetheless, some studies have suggested that policies aiming to reduce neighborhood availability of fast-food restaurants to reduce fast-food consumption may be unsuccessful, although more research at the national level is needed.²⁰

¹³ [Alcohol Outlet Clusters and Population Disparities - PubMed](#)

¹⁴ Ibid

¹⁵ Ibid

¹⁶ Ibid

¹⁷ [Land Use Planning and the Control of Alcohol, Tobacco, Firearms, and Fast Food Restaurants | AJPH | Vol. 93 Issue 9](#)

¹⁸ Ibid

¹⁹ Ibid

²⁰ [Neighborhood Fast Food Restaurants and Fast Food Consumption: A National Study - PubMed](#)

Fiscal Impact:

- *Direct Impact*

Adoption of CR-054-2025 is not likely to have any direct fiscal impact. A more traditional study, of the type described above, could cost around \$100,000 and take anywhere between six (6) months and two (2) years. However, as this study is set to be performed by County employees and utilizing data already in the County's possession, it is unlikely that successful completion of the study laid out in CR-054-2025 would incur any fiscal impact.

- *Indirect Impact*

Adoption of CR-054-2025 is not likely to have any indirect fiscal impact.

- *Appropriated in the Current Fiscal Year Budget*

No.

Effective Date of Proposed Legislation:

The proposed Resolution shall be effective upon its adoption.

If you require additional information, or have questions about this fiscal impact statement, please reach out to me via phone or email.