Health in All Policies in the Imagine 2040 Tampa Comprehensive Plan: An integrative review and comparison to the Orlando Growth Management Plan

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The views and recommendations expressed in this study do not represent the official views of the University of South Florida, the Florida Department of Health in Hillsborough County or the Tampa Downtown Partnership.

ABSTRACT

Introduction: This research aimed to assess the existing Tampa Comprehensive Plan (TCP) for its inclusion of health, and compares the plan to a similar regional plan.

Methods: The ChangeLab Solution's Healthy Comprehensive Plan Assessment Tool (HCPAT) was chosen to evaluate the TCP and to compare it to the Orlando Growth Management Plan.

Results: The TCP performs strongest in the Complete Neighborhoods and Complete Streets domains and weakest in the Healthy Food Systems and Environmental Health domains.

Discussion: The TCP contains health-related terms and references. However, to what degree health-related terms and references are needed in order to determine that a plan sufficiently includes health, is a subjective assessment. How the plan actually influences health is not possible to conclude without additional methods of plan assessment.

Recommendations: To further advance the TCP effectiveness at addressing health the authors recommend adopting an evidence-based measurement platform for gauging plan effectiveness, explicitly highlighting health in plan brochures and introductions, and evaluating intersectoral collaborations in plan development.

Introduction

Since 2015, the Office of Health Equity (OHE) in the Florida Department of Health in Hillsborough County (DOH-Hillsborough) has collaborated on many projects with Plan Hillsborough, the umbrella organization responsible for transportation and land use planning in Hillsborough County, Florida. The partnership's history includes conducting a health impact assessment on a complete streets plan, establishing community gardens to promote healthier communities, working to reduce traffic deaths to "0" and participating in inter-

agency committees and workgroups. In addition, DOH-Hillsborough has participated in collaborations on various other community projects, including work to adopt a Health in All Policies (HiAP) planning approach intended to formalize the consideration of health into transportation planning decisions. Health in All Policies (HiAP) is an approach to planning whereby decision-makers consider how plans and policies will impact human health. Key HiAP principles include promoting health, equity and sustainability; supporting inter-sectoral collaboration; benefitting multiple partners; engaging stakeholders; and creating structural or procedural change (Rudolph, Caplan, Ben-Moshe, & Dillon, 2013). From ongoing HiAP work with Plan Hillsborough's Metropolitan Planning Organization, a health priorities matrix was developed which highlighted agency cross-sectoral alignments.

In addition, in early 2018, Plan Hillsborough's Planning Commission undertook a qualitative review of the Imagine 2040 Tampa Comprehensive Plan (TCP), adopted by Tampa City Council on January 7, 2016. The purpose of the review was to assess the plan's alignment with state and local health priorities established by the Department of Health. The Planning Commission review identified no less than 153 policies and objectives that directly or indirectly addressed one or more of these Department priority areas: access to care, infant mortality, behavioral health, chronic disease, emerging health threats, long healthy life, and health equity.

To follow this work, the Planning Commission requested that DOH - Hillsborough further analyze the TCP for the purpose of making health recommendations about the plan to the Tampa City Council. The review was intended to be through a HiAP lens to build on prior work.

Previously, the TCP was evaluated by the American Planning Association's Sustaining Places pilot program and was awarded a silver level recognition in 2016 (Godschalk & Rouse, 2015). In a summary report of the Sustaining Places assessment, reviewers noted that the plan did not substantially address environmental justice or access to healthy or local food.

Literature Review

Urban planning has its origins in health but during the last century, much of that connection has been lost (Barton, 2009). More recently, the need for collaboration between the two sectors has become apparent, as urban design has an impact on human health (Barton, 2009) and is affected by the built environment (Dill & Howe, 2011; Handy, Boarnet, Ewing, & Killingsworth, 2002; Northridge & Sclar, 2003; Northridge, Sclar, & Biswas, 2003; Wernham, 2011). Urban design can promote physical activity (Handy, Boarnet, Ewing, & Killingsworth, 2002). It also can promote multi-modal transport systems and enhance community networks (Barton, 2009). Northridge and Sclar (2003) emphasize that planners should plan the development of the built environment according to the community and that goals, objectives and policies should be aligned with those of the community.

From the health arena, the Centers for Disease Control and Prevention encourages both urban planners and public health professionals to build mutually beneficial

partnerships based on the cultivation of knowledge regarding their respective fields (CDC, 2015). Public health practitioners have long valued the need for inter-sectoral collaboration (NACCHO, 2015).

Nevertheless, the efforts of urban planners and public health practitioners have not always aligned in determining what is best for the population that they serve concurrently. To advance, public health professionals must be willing to acknowledge the political conflicts that planners often encounter and, planners must consider the public health implications of land use policies (Corburn, 2004).

Studies & Frameworks

While there is the acknowledgement of the need for collaboration, a suitable framework to evaluate health in comprehensive plans and policies was challenging. Werham (2011) suggests that officials in all levels of government should conduct health impact assessments (HIA) of urban design policies and environmental regulations, as these have the potential to impact social determinants of health. Health Impact Assessment is a systematic process used to identify and assess the intended and unintended health effects of a proposed plan, project, program or policy (Bhatia, et al., 2014). However, HIAs of individual level comprehensive plan policies is not an efficient use of time and quite a different undertaking than assessment of an entire comprehensive plan.

Other frameworks include AARP's Age-Friendly Community Program standards (AARP, 2017) that encourage all levels of state government to prepare for aging populations. It also proposes that designs that promote a healthy aging population also serve as best practices for all ages. Tools provided by AARP include resources for developing plans unique to each community and identifying the necessary indicators to include in an action plan.

ChangeLab Solution's Healthy Comprehensive Plan Assessment Tool (HCPAT) calls for utilizing keyword searches within four health related domains. ChangeLab Solutions (CLS) is a non-profit organization based in California and is well respected and utilized among public health practitioners for its innovative and well-researched processes surrounding health policy initiatives (Change Lab Solutions, 2017).

Health in All Policies (HiAP) principles represent a potential framework for evaluation of health policy work and health collaborations. However, since they are principles only, without formalized measures, they are not well-suited for assessing a lengthy comprehensive plan.

Finally, a literature search for evaluative frameworks related to comprehensive plans, land use plans, growth management plans, and master plans yielded little. No other suitable frameworks were identified for the purposes of this evaluation.

Methods

The research team first considered the use of HIA principles for evaluating the plan. The plan was screened to determine utility of an HIA framework in evaluating the plan. The Tampa Comprehensive Plan contains more than 400 pages of text and more than 1,000

goals, objectives and policies (GOPs). For this reason, an actual desktop HIA was not viable and was screened out due to the time available to conduct the review. In addition, a review of health consequences arising from plan changes would not be possible from the research, further screening out the HIA method from consideration.

The ChangeLab Solutions' framework was ultimately chosen to evaluate the TCP. The Healthy Comprehensive Plan Assessment Tool (HCPAT) calls for utilizing keyword searches, within four health related domains: (1) Complete Streets, (2) Complete Neighborhoods, (3) Healthy Food Systems, and (4) Environmental Health. Researchers also decided to compare the TCP to the Orlando Growth Management Plan (OGMP) as Orlando is a municipality similar in size and demographics to Tampa. The OGMP is also similarly structured with no stand-alone health element, and containing approximately 600 pages and over 1,000 GOPs.

For the evaluation, two searches were conducted. The initial search identified GOPs that contained key terms associated with the CLS health related domains. Additionally, OHE staff proposed additional terms to include in the initial search. Terms that were added by OHE staff were taken from the HiAP matrix developed during collaborative efforts between the MPO and DOH-Hillsborough previously, and relate specifically to transportation and local health priorities. The search was conducted on both the TCP and the OGMP. Terms used in the initial search from the CLS domains are presented in Table 1.

Table 1. List of Search Terms

Access	Food	Pollution
Active**	Garden	Quality (environmental)
Affordable	Greenhouse	Recreation
Alcohol	Greenway/Green way	Route
Bicycle/Bike/Bicycling	Health	Safe/Safety
Brownfield	Injury	Sustainable/Sustainability**
Connect/Connectivity**	Market	Tobacco
Conservation	Nutrition	Trail**
Emission	Open space	Transit
Energy	Park (green space)	Walk (and all derivatives)
Essential Service**	Parking	
Farm	Pedestrian	

**Terms included by OHE staff

After the GOPs containing the keywords were found, duplicate policies were excluded and a second search was conducted on the unique set of GOPs identified from the first search. The second search identified which CLS health related domain each GOP addressed. For example, the terms parking, pedestrian, alternative, and route are all terms associated with the Complete Streets domain (Table 2).

Search results were summarized to reflect the percentage of all GOPs identified in the initial search that addressed each of the CLS domains. The purpose for this step was to determine to what extent each CLS domain was represented within the plan. Term searches were conducted using MS Excel.

Table 2. Search Terms and their Health Related Domains

Complete Streets	Complete Neighborhoods	Healthy Food Systems	Environmental Health
Access	Access	Access	Brownfield
Active	Active	Affordable	Conservation
Alternative	Affordable	Alcohol	Contamination
Bicycle	Alcohol	Farm	Emission
Bike	Connect	Food	Energy
Connect	Essential service	Garden	Greenhouse
Injury	Food	Grocery	Health
Parking	Greenway/Green way	Health	Pollution
Pedestrian	Health	Market	Prevention
Reduction	Open space	Nutrition	Quality
Route	Park	Tobacco	Reduction
Safe	Recreation		Safe
Transit	Safe		Sustain
Walk	Tobacco		
	Trail		
	Transit		
	Walk		

Results

The initial search of CLS terms returned 630 GOPs from the TCP and 569 GOPs from the OGMP. Figure 1 displays the summary of the TCP's GOPs for each CLS domain. Of the 630 GOPs, 274 (43%) matched the criteria for the Complete Streets domain, 495 (79%) matched the criteria for the Complete Neighborhoods domain, 93 (15%) matched the criteria for the Healthy Food Systems domain and 147 (23%) matched the Environmental policies domain.

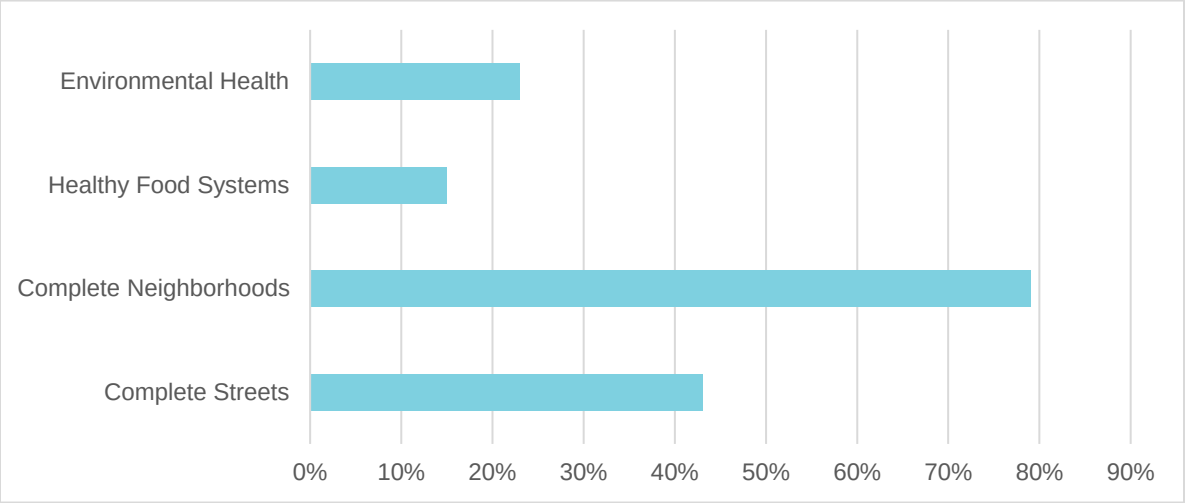

Figure 1: Percent of GOPs in the TCP Containing Terms Associated with CLS Domains

The TCP and the OGMP performed similarly in the percentage of each plan's GOPs that were associated with the CLS health domains. Figure 2 shows a comparison between the two plans. Both plans are similar in the percentage of GOPs that address each health related domain

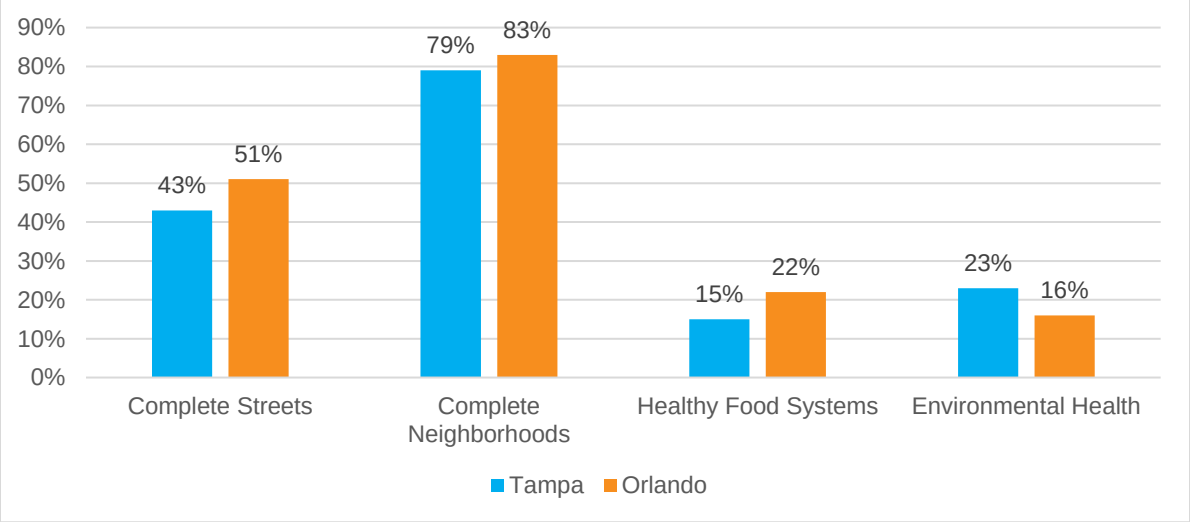

Figure 2: Comparison of GOPs in the TCP & OGMP Containing Terms Associated with CLS Domains.

Discussion

Findings show two CLS health domains are significantly represented within the TCP (Complete Neighborhoods and Complete Streets), while two are less well represented (Healthy Food Systems and Environmental Health). While there were fewer numbers of terms in the search lists for Healthy Food Systems and Environmental Health compared to the lists for Complete Streets

and Complete Neighborhoods, the difference in the number of associated terms does not account for all the difference between the domains. That is, three additional terms for Complete Neighborhoods resulted in more than five times as many GOPs aligning with that domain compared to Healthy Food Systems.

Domain findings are consistent with findings of the American Planning Association's Sustaining Places review. Sustaining Places noted that Healthy Food Systems and Environmental Justice (Environmental Health), are the least well represented health domains in the TCP.

Further, findings were similar for both the TCP and the OGMP, which, as noted, are also similar in length and scope. No additional comparisons were attempted between the two plans.

From this quantitative analysis, it is evident the TCP addresses health and substantiates the qualitative findings made by Planning Commission staff earlier in 2018. Nevertheless, with the TCP format, readers are left to infer the priority of health within the plan, since it is dispersed in bits and pieces and not discussed directly as an over-arching theme or element. While it may be that integrating health throughout the TCP, as it is currently written, is preferable to authoring a stand-alone element, this format does make assessing the plan for the inclusion of health challenging. And, while certainly more is better than less, there are no established benchmarks or standards to guide planners and public health professionals on a sufficient number or ratio of health-related terms and references that are needed to address health within a plan.

In considering the TCP's potential utility in impacting health within the community the authors conclude that it is not possible without additional methods of measurement. Other comprehensive plan analyses have performed similar quantitative assessments in the past and have noted the need for tracking effectiveness, plan performance, plan conformance, or impact over time as the true measure of a valuable comprehensive plan (Berke, Spurlock, Hes, & Band, 2013; Feitelson, Felsenstein, Razin, & Stern, 2017; Frew, Baker, & Donehue, 2016). Specifically, without understanding baseline health benchmarks or developing measurable goals, a comprehensive plan can have no real ability to deliver on its healthy vision.

Limitations

- Search terms and domains were limited in scope. Other terms and domains may be valuable to include in an analysis. Additional terms, for example, might include "mixed", "collaboration", "partnership", "measurement", or "evaluation".
- Term searches reflect the presence of terms and not the context surrounding their use (a quantitative rather than a qualitative analysis). Search results are subjective in their degree of sufficiency in addressing health.
- The researchers' evaluation plan was not conducted or planned in consultation with an independent planner or urban designer. Consultation may have shed valuable insight into the identification or

selection of other relevant evaluative frameworks or specific methodologies.

Recommendations

Applying an evidence-based approach to community change underlies all public health priorities and health recommendations. In keeping with the fifth HiAP principle of "structural or procedural changes" for health, the authors therefore recommend the Planning Commission adopt an evidence-based measurement platform for gauging plan effectiveness or performance.

Second, the authors recommend future TCP amendments include additional Healthy Food System and Environmental Health GOPs to elevate these domains to a level of emphasis equal to that of the emphasis put on Complete Streets and Complete Neighborhoods.

Third, outside of the context of parks and recreation there is no mention of health in the TCP brochure or introduction. Readers are therefore left to infer the priority of health within the plan. Authors recommend future updates to the TCP brochure or introduction explicitly mention health in contexts outside of parks and recreation. For example, health access could be listed among the elements of a livable city, or health and wellness could be prioritized as a guiding principle.

Finally, it is worth noting that intersectoral collaboration is hypothesized to have a significant relationship on the inclusion of health in comprehensive plans (Park, Lee, & Lee, 2014), and intersectoral collaboration is also a key HiAP principle (Rudolph et al., 2013). For example, the most recent Florida Department of Health in Hillsborough County's Confirming Community Priorities evaluation conducted in 2017 highlighted the community's concern for affordable healthy food access. Integrating intersectoral community needs assessment data into comprehensive plan considerations has the potential to identify unmet needs and to utilize government funds more efficiently. Future work could include an evaluation of intersectoral collaborations or best practices related to mutually beneficial partnerships as described in HiAP principles.

Conclusion

Comprehensive planning presents opportunities for intersectoral collaboration between otherwise siloed agencies. This type of collaboration can further regional conversations to truly address the needs of healthy communities.

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