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Healthy People. Healthy Communities.

South Carolina
Healthy Comprehensive Planning Project

BASELINE REPORT

ACKNOWLEDGMENTS

SOUTH CAROLINA HEALTH + PLANNING ADVISORY COMMITTEE

ALTA PLANNING + DESIGN

Jean Crowther

CLEMSON UNIVERSITY DEPARTMENT OF PLANNING, DEVELOPMENT AND PRESERVATION

Dr. Tim Green

Stephen Sperry

EAT SMART MOVE MORE SOUTH CAROLINA

Beth Franco

Lauren Neely

Coleman Tanner

GREENVILLE COUNTY PLANNING AND CODE COMPLIANCE

Scott Park

JOHN NEWMAN PLANNING

John Newman

SOUTH CAROLINA COMMUNITY LOAN FUND

Anna Lewin

SOUTH CAROLINA DEPARTMENT OF AGRICULTURE

Aaron Wood

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Teresa Hill

Kelly Kavanaugh

Lori Phillips

REPORT COMPILED BY:

Sydney Heath,
Graduate Student
University of South Carolina
Arnold School of Public Health

Alyssa Renwick,
Graduate Student
University of South Carolina
Arnold School of Public Health

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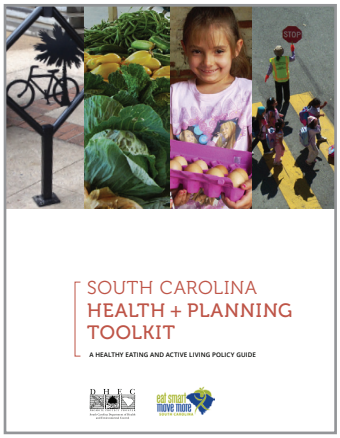
PROJECT PURPOSE AND BACKGROUND

Obesity and obesity-related chronic diseases greatly impact the health and well-being of South Carolinians. Improving the built environment to promote healthy eating and active living benefits the health of the entire community. Making improvements to the built environment requires that local governments carefully plan for these changes.

In South Carolina, comprehensive plans are required by state law and help local governments define their vision for future growth and change. The comprehensive plan is an important tool used by local governments to make decisions about future development of the built and natural environments. Because of the broad nature of comprehensive plans and their universal requirement in South Carolina, the opportunity exists to evaluate how local governments are incorporating a variety of health factors into decision-making related to development, infrastructure, and services.

The SC Healthy Comprehensive Planning Project began as an opportunity to address healthy eating and active living through community planning on a statewide scale. The SC Health + Planning Advisory Committee was formed in 2013 to lead this effort. Initially, a sample of 11 county comprehensive plans was evaluated to analyze overall trends and policy best practices related to public health. These plans were selected based on geography and other characteristics, such as population size and the extent of rural and urban coverage. Based on these evaluation results, the SC Health + Planning Advisory Committee developed the *SC Health + Planning Toolkit*.



http://eatsmartmovemoresc.org/pdf/SCHealthyToolkit.pdf

The *SC Health + Planning Toolkit* is a healthy eating and active living policy guide for planning and public health in South Carolina. While the focus is on comprehensive plans, the toolkit can also be used more broadly to help develop public policy related to public health for a wide range of planning projects, such as zoning and land use development regulations. The overall goal of the toolkit is to provide a policy resource to understand, evaluate, and impact local planning policy in South Carolina.

After the initial analysis of 11 plans and the development of the toolkit, the advisory committee expanded the SC Healthy Comprehensive Planning Project to include an evaluation of all county comprehensive plans. The evaluation results included in this document create a baseline measurement of healthy eating and active living principles in county comprehensive plans across the state.

METHODOLOGY

All 46 South Carolina county comprehensive plans were selected for review, including the 11 plans previously reviewed and analyzed. One county in South Carolina is not required by law to conform to the South Carolina Local Government Comprehensive Planning Enabling Act of 1994 due to a lack of zoning regulations. Therefore, only 45 comprehensive plans were reviewed and analyzed out of 46 counties in South Carolina.

The comprehensive plans were analyzed using two public health themes: healthy eating and active living. A total of 67 best practice policy indicators were used to score each of the comprehensive plans. For more information on the best practice policy indicators please see the appendix.

Each plan was analyzed for inclusion of indicators in the following three areas – Overall Health Policy Assessment, Healthy Eating, and Active Living. The policy topics within the three areas are represented below in **Table 1**.

TABLE 1. POLICY TOPICS BY AREA

Overall Health Policy Assessment	Healthy Eating	Active Living
Public Health Topic Presentation	Food Production	Bicycle and Pedestrian Connectivity
Healthy Eating Topic Presentation	Food Processing	Access to Open Space, Parks, Trails
Active Living Topic Presentation	Food Distribution	Safe Routes to Schools
	Food Access and Consumption	Land Use and Transportation
	Implementation and Evaluation	Support Facilities, Policies, and Programs
		Implementation and Evaluation

FOR THE PURPOSES OF THIS ANALYSIS:

Healthy eating is defined as the production, process, distribution, access, and consumption of food that limits the risk of diet-related chronic diseases such as obesity, diabetes, and heart disease.

Active living is defined as a way of life that integrates physical activity, such as walking and biking, into daily routines.

The scoring criteria used for this effort is from the American Planning Association's (APA) publication *Healthy Planning: An Evaluation of Comprehensive and Sustainability Plans Addressing Public Health*, a best practice tool for evaluating comprehensive plans.

The scoring criteria address whether a public health indicator is present and, if it is, how explicitly the indicator is addressed or how specific or action-oriented the policy is stated. Below is a summary of the criteria.

- 0 – Indicator is absent from the plan
- 1 – Indicator is present but limited in scope
- 2 – Indicator is present, comprehensive and/or specific

There are some limitations to using these scoring criteria. Comprehensive plans have many different components and policy elements that vary in specificity. A vision statement or goals can be very broad in scope and specificity. Likewise, action statements can be very narrow and specific in focus. Each level of policy in a comprehensive plan serves an important purpose in defining the overall policy intent of a comprehensive plan. For the purposes of this analysis, the entire comprehensive plan and all of its policy elements were assessed on how comprehensively or specifically the indicators were presented.

To ensure reliability of the analysis and consistency in the interpretation of the language and health concepts, each comprehensive plan was analyzed by two independent reviewers. A third and final analysis was conducted by SC Department of Health and Environmental Control's Division of Nutrition, Physical Activity, and Obesity to resolve any scoring discrepancies.

RESULTS

Healthy eating and active living principles are not priorities of the South Carolina Local Government Comprehensive Planning Enabling Act of 1994, and the integration of these principles into planning efforts is a relatively new concept. Therefore, at this point in time it is not practical to expect counties to account for the majority of these principles. However, considering the analysis of South Carolina plans, the review of county plans in other states with low obesity rates, and the achievability of national best practices, it is feasible for counties to account for a minimum of 25 percent of the total possible score for all healthy eating indicators and active living indicators.

BASED ON 25% OF TOTAL POSSIBLE SCORE:

2 out of 45 counties are accounting for healthy eating in comprehensive plans.

12 out of 45 counties are accounting for active living in comprehensive plans.

Overall, plans were strongest on goals and policies in the active living area, although the explicit link to public health was often missing. Active living was addressed most strongly in the policy topic of Access to Open Space, Parks and Trails. Plans were not as strong on goals and policies in the healthy eating area. However, healthy eating was addressed most strongly in the policy topic of Food Production, particularly in response to rural agriculture indicators. A breakdown of results by policy topics within the three areas are represented in **Table 2** on the next page.

TABLE 2. RESULTS BY POLICY TOPICS

Overall Health Policy Assessment	Score of 0	Score of 1	Score of 2
Public Health Topic Presentation	96%	4%	1%
Healthy Eating Topic Presentation	100%	0%	0%
Active Living Topic Presentation	77%	14%	9%

Healthy Eating	Score of 0	Score of 1	Score of 2
Food Production			
• Rural Agriculture	61%	18%	22%
• Urban Agriculture	99%	1%	1%
• Private Agriculture	100%	0%	0%
Food Processing	93%	4%	2%
Food Distribution			
• Local Food System	89%	7%	4%
Food Access and Consumption			
• Grocery Stores	98%	2%	0%
• Farmers Markets	94%	4%	2%
• Restaurants and Prepared Food	96%	3%	1%
Implementation/Evaluation	96%	2%	2%

Active Living	Score of 0	Score of 1	Score of 2
Bicycle and Pedestrian Connectivity	78%	11%	11%
Access to Open Space, Parks and Trails	54%	26%	20%
Safe Routes to Schools	84%	8%	7%
Land Use and Transportation	56%	26%	19%
Support Facilities, Policies and Programs	78%	12%	10%
Implementation/Evaluation	94%	4%	2%

Note: Percentages are rounded to the nearest whole number - all rows may not equal 100%

Table 3 displays the three most common indicators addressed within the overall health policy assessment area, the healthy eating area, and the active living area.

TABLE 3. MOST COMMON INDICATORS BY AREA
Overall Health Policy Assessment Indicators
1. Uses imagery, particularly maps, to convey information about the distribution of resources related to active living
2. Explicitly identifies improved physical activity, active transportation, and/or active living for public health
3. Explicitly identifies improved physical activity, active transportation, and/or active living for public health
Healthy Eating Indicators
1. Supports preservation of rural agricultural land
2. Supports preservation of soil and water quantity and quality
3. Supports sustainable farming and ranching practices
Active Living Indicators
1. Encourages compact or infill development
2. Supports mixed use development, buildings or blocks
3. Establishes policies for transit or paratransit service and access

During the review process of county comprehensive plans, several key findings were identified. The 45 evaluated plans varied a great deal in overall characteristics (length, number of elements, specificity of goals and policies, inclusion of implementation and evaluation tools, and identification of metrics for success). The inclusion of public health, healthy eating, and active living goals and best practices, and the specificity and strength of those goals, varied. Listed below are additional findings and trends identified during the review process.

OVERALL TRENDS

1. **Comprehensive plans are oriented towards private development and public infrastructure and services.** Comprehensive plans are primarily focused on future growth, development and economic development. When they do focus on health-related topics, it is often done indirectly and not explicitly.

2. **References to public health are often related to public safety.** When public health is referenced in comprehensive plans, it is often related to public safety services, such as police and fire services. Many plans did not explicitly discuss how the built environment affects the availability of and access to opportunities for physical activity and the subsequent impact on public health.

3. **Metrics and action items related to public health in comprehensive plans are rarely, if ever, stated.** Action steps with performance metrics or goals related to healthy eating or active living are severely lacking in comprehensive plans. Without specific action items to guide implementation efforts, it will be difficult to track policy performance over time.

4. **Access to and understanding of health data may be a limiting factor for public health policy in comprehensive plans.** Health data related to healthy eating and active living is not incorporated well into comprehensive plans and most often is not included as part of the data collection and analysis elements of the plan. Improving access to and understanding of health-related data could improve public health policy in comprehensive plans. Most plans did not include information on the current distribution and accessibility of services (e.g., grocery stores, parks, etc.).

5. **Local governments are not reviewing and updating their comprehensive plans consistently.** Access to comprehensive plans and their adoption information varies greatly. Additionally, local governments are not consistently reviewing and updating their comprehensive plans in line with state requirements.

This report will serve as a baseline for the inclusion of healthy eating and active living best practice indicators in county comprehensive plans in the state. A schedule for monitoring will be created based on the time frame of future county comprehensive plan updates. The hope is that counties will utilize the SC Health + Planning Toolkit to incorporate the principles discussed throughout the report into local comprehensive planning efforts. This initial evaluation shows that work still needs to be done to bring the fields of planning and public health together. However, many of the analyzed plans show promise for the future and symbolize the current and future creation of healthier communities in the state.

REFERENCES

Ricklin, A., et al. 2012. Healthy Planning: an evaluation of comprehensive and sustainability plans addressing public health. Chicago: American Planning Association.

South Carolina Department of Health and Environmental Control & Eat Smart Move More South Carolina. South Carolina Health + Planning Toolkit: A healthy eating and active living policy guide. March 2014. Revised January 2015.

APPENDIX

The following figures represent the extent to which the reviewed comprehensive plans addressed the overall health policy assessment, healthy eating, and active living areas. **Tables 1, 2, and 3** provide a breakdown of the number of counties that received a score of 0, 1, or 2 for each of the indicators reviewed and analyzed in the county comprehensive plans. Below is a summary of the criteria.

- 0 – Indicator is absent from the plan
- 1 – Indicator is present but limited in scope
- 2 – Indicator is present, comprehensive and/or specific

Please Note:
For all tables below N=45.

TABLE 1. OVERALL HEALTH POLICY ASSESSMENT INDICATORS

Indicators	0	1	2
Public Health Topic Presentation			
Is public health explicitly addressed in the comprehensive plan vision statement or introduction?	43	2	0
Is improving nutrition explicitly addressed in the comprehensive plan vision statement or introduction?	45	0	0
Is improving active living explicitly addressed in the comprehensive plan vision statement or introduction?	41	3	1
Healthy Eating Topic Presentation			
Explicitly identifies improved nutrition, healthy eating or healthy food access, and/or reduction of chronic diseases related to poor nutrition	45	0	0
Explicitly discusses how the built environment can affect the availability of and access to healthy foods and the subsequent impact on public health	45	0	0
Uses imagery, particularly maps, to convey information about the distribution of resources related to healthy eating/healthy foods	45	0	0
Uses public health data and statistics as it relates to healthy eating or the current distribution and accessibility of healthy foods	45	0	0
Active Living Topic Presentation			
Explicitly identifies improved physical activity, active transportation, and/or active living for public health	37	7	1
Explicitly discusses how the built environment can affect the availability of and access to opportunities for physical activity and the subsequent impact on public health	38	5	2
Uses imagery, particularly maps, to convey information about the distribution of resources related to active living	19	13	13
Uses public health data and statistics as it relates to active living or the current distribution and accessibility of opportunities for physical activity	44	0	1

TABLE 2. HEALTHY EATING INDICATORS			
Indicators	**0**	**1**	**2**
Food Production - Rural Agriculture			
Supports preservation of rural agricultural land	2	7	36
Supports preservation of soil and water quantity and quality	3	11	31
Supports sustainable farming and ranching practices	28	16	1
Ensures a prepared and protected agricultural workforce	37	8	0
Supports access to rural agricultural employment	39	6	0
Supports diversification of crop and livestock species	43	2	0
Supports small farms	39	5	1
Urban Agriculture			
Supports equitable opportunities for noncommercial urban agriculture (e.g., community gardens)	44	0	1
Supports commercial urban agriculture (e.g., urban farms)	45	0	0
Supports preservation of urban agricultural land	45	0	0
Recommends adoption of local food ordinance	44	1	0
Private Agriculture			
Supports private and semi-private gardens	45	0	0
Supports limited amounts of domestic livestock in urbanized areas	45	0	0
Food Processing			
Supports local food processing	42	2	1
Food Distribution - Local Food System			
Supports infrastructure and networks for distribution of locally-sourced foods	40	3	2
Food Access and Consumption - Grocery Stores			
Supports equitable distribution of supermarkets	44	1	0
Supports small or neighborhood healthy food stores	43	2	0
Supports incentives to increase healthy affordable alternatives in neighborhood stores	45	0	0
Supports healthy mobile food vendors (fresh/packaged)	44	1	0

Farmers Markets			
Supports creation and expansion of farmers markets	39	3	3
Supports use of SNAP/EBT, WIC benefits, and/or senior nutrition benefits	44	1	0
Supports availability of farmers market locations	45	0	0
Supports success of farmers markets	42	3	0
Restaurants and Prepared Food			
Discourages access to fast-food restaurants	45	0	0
Supports healthy food sales and service in public facilities	42	3	0
Supports healthy mobile food vendors (prepared)	45	0	0
Supports increased availability of local options	41	3	1
Other			
Discourages unhealthy food advertising	45	0	0
Implementation/Evaluation			
Creates a forum for public input regarding food access	45	0	0
Identifies metrics by which to measure or track success related to healthy eating goals and policies	45	0	0
Identifies agencies, staff, or partner groups charged with implementing healthy eating programs and policies	40	3	2

TABLE 3. ACTIVE LIVING INDICATORS			
Indicators	**0**	**1**	**2**
Bicycle and Pedestrian Connectivity			
Prioritizes new sidewalks, bike lanes, greenways, etc., that connect to existing facilities	23	11	11
Recommends bicycle (bike lanes, shoulders, racks, etc.) and pedestrian (sidewalks, crosswalks, etc.) accommodations during new development and redevelopment	24	12	9
Recommends cross-access between adjacent land parcels	42	1	2
Discourages/recommends limits to dead end streets and cul-de-sacs	38	3	4
Addresses bicycle and pedestrian access to outlets for healthy foods	43	0	2
Addresses bicycle and pedestrian access to opportunities for physical activity	40	3	2
Access to Open Space, Parks, and Trails			
Supports joint use agreements for access to school playgrounds and/or recreation areas	37	3	5
Addresses geographic equity/distribution of parks and recreation facilities and programs	20	14	11
Recommends easements or open space as part of new developments to create access to internal or external parks, trails and open space	16	18	11
Safe Routes to Schools			
Supports 'safe routes to school' initiatives	35	5	5
Prioritizes sidewalk development and intersection safety improvements within close proximity to school sites	39	5	1
Recommends walkable and bikeable school siting policies	40	1	4
Land Use and Transportation			
Encourages compact or infill development	8	16	21
Encourages the location of proposed schools, libraries, government offices, and other public facilities to maximize bicycle and pedestrian, and transit access	35	6	4
Supports pedestrian-friendly building and site design standards (active ground floor uses, street frontage pedestrian entrances, etc.)	37	6	2
Recommends place-supportive parking regulations (on-street parking, shared parking, pricing, employer incentives/programs, etc.)	37	8	0
Supports mixed use development, buildings or blocks	10	22	13

Support Facilities, Policies, and Programs			
Recognizes or recommends locally adopted 'complete streets' policies and/or resolutions	31	8	6
Recommends bicycle parking requirements and standards	44	1	0
Encourages showers, lockers, secure bicycle parking and other amenities for active commuters	40	5	0
Establishes policies or metrics related to reducing bicyclist and pedestrian traffic injuries and fatalities	44	1	0
Establishes policies for transit or paratransit service and access	16	13	16
Implementation/Evaluation			
Identifies metrics by which to measure or track success related to active living goals and policies	43	2	0
Identifies agencies, staff, or partner groups charged with implementing active living programs and policies	39	4	2
Establishes mode share goals for active transportation and transit	45	0	0

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