

# Research Protocol for CityHealth: Greenspace

Prepared by the Trust for Public Land October 2023

# Methods

# Project Scope

The overall scope of this project was to identify Greenspace policies that improve health and well-being and award cities medals based on the presence and quality of these policies as well as their investment in Greenspace. To achieve this, Trust for Public Land (TPL) compiled executive orders, ordinances, laws, and regulations, as well as urban plans ratified by city councils on park and tree canopy across the 75 largest cities based on the predetermined criteria. For the purposes of this assessment, "urban plans" include parks plans, urban forest plans, citywide master or comprehensive plans, and sustainability or climate plans. Planning documents may not always be considered policy documents. Therefore, TPL assessed whether policies were adopted or ratified by city council to add additional evidence that these plans serve as binding policies where relevant.

TPL's assessment began with a review of city-level policies. Following the initial assessment, CityHealth's assessment partners at Temple University Beasley School of Law sent emails to representatives from all 75 cities to provide localities a chance to review the findings of the policy assessment and provide any

additional documentation showing the presence of Greenspace policies. TPL reviewed any additional policies surfaced by CityHealth and incorporated qualifying policies in our analysis. TPL then created a dataset that contains coding questions examining Greenspace policies criteria. This cross-sectional dataset captures currently effective policies valid before October 1, 2023.

#### Assessment Team and Roles

The team included a Project Lead/Principal Investigator (PI), four policy assessment members, and a parks researcher. The PI oversaw project management, assessments methodology, and quality control. The four team members, with backgrounds in planning, policy, public health and environmental science, assessed policies. Together with the PI, the team reviewed data collected, discussed any challenges or questions where appropriate, and identified a recommended medal for each city (criteria for medaling are included in Table 2). Separately, the PI worked with the parks researcher to develop a methodology for the investment data in partnership with CityHealth. The parks researcher extracted, cleaned, and adjusted the investment data from the annual parks systems survey City Park Facts for the purposes of CityHealth's greenspace policies. This process was done in collaboration with the CityHealth team which provided technical assistance and insights around best practices as needed. The PI worked directly with CityHealth around specific medal determinations for any cities as they arose. CityHealth's government relations team provided feedback from cities for any policies the team may not have identified.

#### **Data Collection Methods**

#### 1. Dates

i. Four assessment team members collected data on greenspace policies between June and September 2023. Quality Assurance and follow-ups with cities continued through September. This data is valid as of October 1, 2023.

#### 2. Policy documentation data

i. Policy recommendations were decided based on insights from subject matter experts across the following areas: parks and Greenspace, climate change, urban resilience, and public health. Once refined and established, four data collectors searched online for and reviewed city policies, comprehensive plans, park plans, and tree canopy plans across each of the Greenspace policy criteria. They collected data into a central worksheet. For planning documents, data collectors assessed both whether the language existed and whether the language was adopted or ratified by city council. The assessment team began building the data set in summer 2023. Prior to meeting with the team, each data collector coded the data with a recommended medal (information on medal documentation is elaborated on further within this document – see Table 2). If any decisions were under question, the data collectors discussed these with the data collection team and PI to inform the medal recommendation. After a review with the data collection team and PI and based on the findings of whether the city met the criteria, the cities were allotted a bronze, silver, or gold medal or no medal for non-qualifying cities. A follow up assessment of all cities was conducted by two of the senior most members of the policy assessment team after data collection, deliberation, and coding were completed. The policy assessment was vetted by the CityHealth government relations teams who conducted outreach to cities to understand whether any qualifying policies were missed in the scan. Additional qualifying policies were

reviewed by the data collectors who determined whether or not a given policy would qualify a city.

ii. Four cities reviewed are governed by a consolidated city-county government: Honolulu, HI; Lexington, KY; Louisville, KY; and Nashville, TN. Additionally, Charlotte, NC's parks are managed by Mecklenburg County, as the city does not have a parks department. For these five cities, an additional review was conducted on county-level policies to assess the presence of any relevant parks or canopy policies.

#### 3. Investment data

i. To qualify for a silver medal, city's must equal or exceed \$66 spending per capita in 2020 dollars. The amount of \$66 was established as the benchmark for cities based on a three-year average of city spending from 2018-2020. Spending includes public operating and capital spending by all park agencies in a city, but excludes professional sports stadiums, zoos, museums, aquariums, and programming. To ensure a fair comparison across cities, total spending is adjusted for the cost of living in each city using the Bureau of Economic Analysis's Regional Price Parity Index. The spending data is from the Trust for Public Land's 2023 <u>City Park Facts</u> publication. However, some spending data from City Park Facts is excluded from the CityHealth assessment. Table 1 shows which categories of spending are included in the CityHealth assessment. Cities were assessed as to whether they achieved the median spending of the 75 CityHealth cities.

Table 1. Investment data from City Park Facts included in CityHealth investment figures								
	Capital Spending	Maintenance and Administration	Monetized Volunteer Hours	Programming	Public Funding Sources (city rec agency, other public agencies, public special districts)	Private Organizations (e.g., conservancies)		
Collected from City Park Facts	Х	X	x	х	х	Х		
Included in CityHealth investment figures	x	X			x			

 Cities must meet a threshold of \$66 or greater in order to qualify for a silver medal. If the city qualifies for silver, they must maintain spending within \$10 of the \$66 threshold in order to continue to qualify for silver in subsequent years. Each city's spending data is updated based on a 3-year average annually. In order to account for inflation, the spending for each year of the three-year average is isolated and adjusted for inflation into 2020 dollars. A three-year average is then calculated. Because the \$66 median threshold is frozen for the full five years of the package, and the years 2018, 2019, and 2020 were used to create that median threshold, TPL adjusts the investment numbers in subsequent years to 2020 dollars. Adjustments are made based on the seasonally adjusted Consumer Price Index for all Urban Consumers (CPI-U) that is created by the U.S. Bureau of Labor Statistics. Most cities report spending for a fiscal years ending in June; because of this, each year's spending is adjusted using the January CPI-U figure as the year's 'half-way' mark. Overall, this approach allows CityHealth to keep the \$66 median threshold as a benchmark for cities, while also ensuring that the numbers across years and cities are comparable to that figure. The inflationary adjustment was first applied for the 2023 assessment, as it was the first year that there was a significant impact on the three-year rolling average with the addition of the FY22 spending data, due to the delayed nature of actual spending in the city.

#### 4. Medal determinations

i. Based on the presence of a codified park access or tree canopy goal, spending, and equity, cities are provided a medal. A summary of medal determination criteria is below.

Table 2. Greenspace Medal Criteria	
Medal Rating	CityHealth's Greenspace Medal Criteria
BRONZE	<ul> <li>The city council has adopted or ratified a policy or formalized planning goal either to a) achieve 100% park access within a 10-minute walk for all residents by 2040 or b) increase tree canopy coverage, with a specific measurable goal and time frame.</li> </ul>
SILVER	<ul> <li>Bronze criteria, and:</li> <li>The city's public spending on parks and Greenspace is at or above the national median per capita (\$66), and the city maintains that level of spending within \$10.</li> </ul>
	The public funding data used for the Greenspace medals do not include programmatic investments. These measures are adjusted for local cost of living and inflation. These funding data are derived from the annual City Park Facts survey conducted by the Trust for Public Land.
GOLD	<ul> <li>Silver criteria, and:</li> <li>Either the city's 10-minute walk policy or its tree canopy goal clearly prioritizes underserved and disinvested neighborhoods, based on racial and/or economic equity, and/or data-driven park need.</li> </ul>

- ii. To qualify for gold, the park access or canopy goal that qualified a city for bronze must also include language about how the city is prioritizing equity in its work (i.e., a city cannot qualify for bronze with a canopy policy and for gold based on a park access policy).
- iii. There is a wide approach to how cities define equity and embed it within their policies. We consider a wide range of equity issues that a city may be looking to address, including but not limited to racial equity, economic equity, health equity, and environmental equity. We specifically look for evidence that cities are using equity data to drive investment, prioritization, or other decision-making, e.g., language that states that the city will use specific data (e.g., health data, heat island data, park access data) to make decisions about where it will prioritize funding or other local work. Example language:
  - Green Cincinnati Plan canopy language: "Focus tree plantings in areas with the lowest tree canopies which tend to be the most disadvantaged areas."<sup>1</sup>
  - Activate San Jose Plan: "Apply resources to meet parks, recreation, and open space needs in underserved areas of the city, prioritizing lower income and higher density areas, which may have a demonstrably greater need for these amenities."<sup>2</sup>

# 5. Databases used

i. The policy assessment team conducted searches using the Google search engine or directly from the city or county official government websites. The parks researchers used the results of the City Parks Facts Survey, internal to the Trust for Public Land, for investment data.

# 6. Search terms

i. Search terms included city name and a combination of 10-minute walk, park access, park plan, tree canopy, tree canopy goal. Key word searches were supplemented by examination of the table of contents of each relevant document, review of language, and collection of relevant for the jurisdiction on a primary data collection sheet. Assessment teams identified whether city policies met the defined criteria for all characteristics of the policy (e.g., goals needed to be time bound).

<sup>&</sup>lt;sup>1</sup> 2018 Green Cincinnati Plan. 2018. P. 166. <u>https://www.cincinnati-oh.gov/sites/oes/assets/File/2018%20Green%20Cincinnati%20Plan(1).pdf</u>

<sup>&</sup>lt;sup>2</sup> Envision San Jose. 2023. P. 51.

https://www.sanjoseca.gov/home/showpublisheddocument/22359/638197407493730000

### **Conclusion**

The Greenspace policy data collection process included multiple team members who collected data around urban policies using multiple methodologies: online searches, City Park Facts Survey, and direct feedback from government relations teams engaged with city leaders. All medal determinations were shared with their respective cities for review and confirmation by CityHealth.