Mobilizing for Action through Planning and Partnerships (MAPP)

Food System Assessment

Final Report

Report Date: April 25, 2014





"A healthy Nashville has a culture of well-being, where all people have the opportunity and support to thrive and prosper."

MAPP Vision Statement 2013

Acknowledgements

Healthy Nashville Leadership Council,

MAPP Advisory Body

Dr. Alicia Batson Jeff Blum Ted Cornelius (Chair) Dr. John Harkey Dr. Arthur Lee Nancy Lim Councilwoman Sandra Moore (Vice-Chair) Brenda Morrow Vice-Mayor Diane Neighbors Dr. Freida Outlaw Janie Parmley Dr. William S. Paul Dr. William S. Paul Dr. Marybeth Shinn Dr. Susanne Tropez-Sims Councilwoman Sheri Weiner

Ex-Officio Members

Captain Mike Hagar Laura Hansen Tommy Lynch Leslie Meehan Renee Pratt

Metro Public Health Department Core Support

Dr. William S. Paul, Director of Health Dr. Sanmi Areola Tracy Buck Dr. Celia Larson-Pearce Keri Kozlowski Stan Romine Thomas Sharp Chris Taylor Brian Todd Dr. Sandra Thomas-Trudo Dr. Kimberlee Wyche

<u>Food System Assessment Committee</u> ** Nashville Food Policy Council Member

Tifinie Capehart** Tom Sharp** Julius Witherspoon** Jeremy Barlow** Jeff Themm** Sarah Kraynak** Alan Powell** Alicia Batson, HNLC Liaison **Diana Andrew Emily Burchfield** Karen Grimm John Patrick Mark Bixler Nancy Murphy** Nikkole Turner** Sarah Johnson** Tanna Comer John Vick

Table of Contents

Food System Assessment Executive Summary	.рЗ
Assessment Process	. р5
Assessment Results	. рб
Appendices	. p 9-15

- Food System Consensus Workshop Results
- Background Mobilizing for Action through Planning and Partnerships

Executive Summary

The Food System Assessment was completed as an adjunct assessment to the standard MAPP assessments as an effort to engage the community to understand the food system and its health impact in Nashville. Metro Public Health Department (MPHD) MAPP staff partnered with the Nashville Food Policy Council (NFPC) to conduct the Food System Assessment. The Food System Assessment committee met over the course of several months to answer the overarching assessment questions:

- What is the state of Nashville's food system?
- How well is it functioning?

This assessment was used alongside the other four MAPP assessments to inform the strategic priorities for Nashville to address during the next three-five years.

This assessment began in February 2013 with a determination of the food system definition and components (Figure 1).

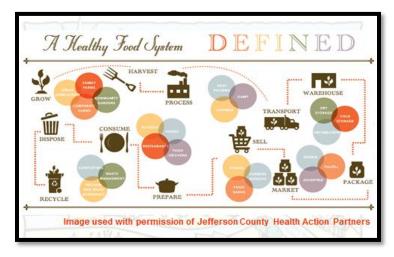


Figure 1

The NFPC recruited additional community members to assist with the assessment process, for a total of 20 members on this assessment team. The following three workgroups completed the assessment components, resulting in:

Indicators

The Indicators Team prioritized four indicators for having a high economic and/or health impact and a high feasibility to address during the next three-five years. These indicators are as follows:

- # of Farmers Markets
- MNPS Food Budget
- # of Food Education Programs
- % of Food Insecure Households

Policies

Four policies were identified as a significant priority and feasible for positive change to the Davidson County food system if addressed within the next three to five years:

- School Food Policy for Buy Local Requirement
- Policy regarding Local Zoning for Land Use

- Waste Management Policy-local, state
- Policy for No Sales Tax to Consumers on Locally Produced Foods

Assets

Due to a low response rate to the survey, assets are being identified through partners and mapped in GIS. The results of this mapping process should be available by the end of 2014.

Assessment Process

The collaborative effort of MPHD and NFPC completed the first two phases of the Food System Assessment, shown in figure 2 below. The process was designed to allow the NFPC to move from assessment through strategic planning.

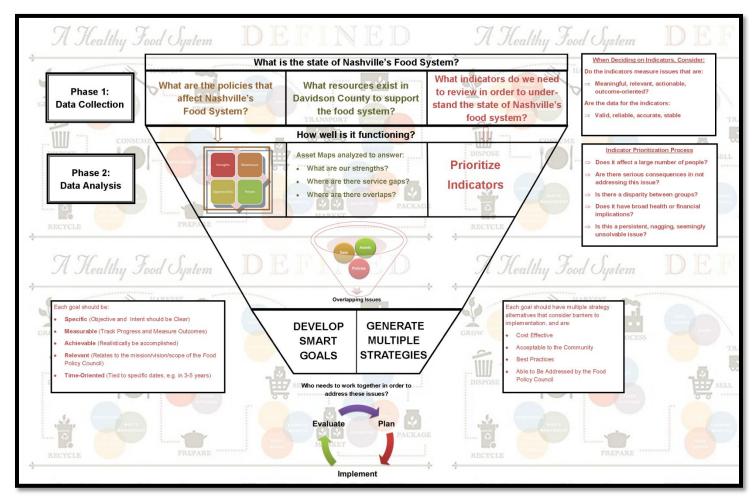


Figure 2

Three subgroups were identified as necessary to complete the FSA. They were an assets workgroup, policy workgroup, and an indicators workgroup. In July and August, consensus workshops were held to determine the scope of work for two of the three work teams, those which were responsible for the asset mapping and the annotated bibliography respectively. Consensus on the food system indicators was reached by the NFPC, who worked on this list between February and July of 2013.

The assets workgroup was responsible for determining what food system asset categories should be reviewed, which was the foundation of the consensus workshop. Then, the assets workgroup determined that a survey was the best method for gathering information about the food system assets. The determined process was that

once the team had survey responses, assets would be mapped and then reviewed for gaps and overlaps in assets.

The policy workgroup was responsible for determining what policy topics needed to be included in the annotated bibliography and was used as the foundation for the consensus workshops. A template was developed and team members collected and formatted policies and legislation for the annotated bibliography. The workgroup then prioritized policies based on their impact on the food system and the feasibility that those issues could be addressed during the next five years.

The third workgroup was responsible for the review of food system indicators. The indicators workgroup developed a data collection plan, which determined which indicators chosen by the NFPC had existing data. Indicators were then screened for validity, reliability and relevance of the data. Data were collected for the indicators and then prioritized based on health and economic impact and feasibility to address those indicators during the next five years.

Assessment Results

<u>Assets</u>

The Food System Assets survey was distributed, but yielded only 34 responses which was not statistically significant. Further work on this is underway and the food system assets map will be developed and available after February 2014. The map will include the 34 responses from the initial survey.

Indicators

The list of Food System Indicators was developed based on the ability of each to assist in evaluating the current state and functionality of the existing food system. The workgroup took the initial listing of indicators and researched the available data. The group then reviewed each indicator and data for validity and reliability. The workgroup finished the process by prioritizing the indicators for impact and feasibility. The table below shows the final indicators and their rankings.

'High Impact/High Feasibility' indicators have a high health and/or economic impact on the local food system and are feasible to be addressed during the next five years. 'High Impact/Low Feasibility' indicators have high health and/or economic impacts on the food system, but are less feasible to address during the next five years. Finally, 'Low Impact/Low Feasibility' indicators have minimal impact on the local food system, and are less likely to be affected by changes in policy.

The tables also note Davidson County trends; positive trends (green arrow), negative trends (red arrows), and trends showing no significant changes (blue arrows). For some indicators, trends are not noted because of the lack of available data.

High Impact/High Feasibility									
Indicator Description	Davidson County	Tennessee	US	Trend	Benchmark or Comparison Notes				
# of Farmers Markets	7 total (2012 data) or .011/1,000 population	Average number of Farmers Markets per 1,000 population 0.0119/1,000 population	Average Number of Farmers Markets per 1,000 0.072/1,000	1	Median value of 3,138 U.S. counties and county equivalents is .03 markets/1,000 population				
	\$42,058,875 total								

MNPS Food Budget	Nutrition Services budget, of which \$15,913,938 is spent on Food and Commodity Purchases			
# of Food Education Programs				
(Incomplete, Rough Count)	15			
Percent of Food				
Insecure Households	18.1%	17.6%	16.4%	-

High Impact/Low Feasibility									
Indicator Description	Davidson County	Tennessee	US	Trend	Benchmark or Comparison Notes				
# of Farms				₽	The percent of land used for farming decreased by 18% in Davidson County between 2002 and 2007, which is compared to national value, where the median decrease in land used for farming				
	515				was 2%.				
% of Household									
Receiving Food	16.4%	17.7%	13.6%						
Stamps (2012)	0.90	17.770	.57/1,000						
	restaurants/1,000		population						
	population		(Median						
	ρορυιατιστι		distribution						
			is based on						
			data from						
			3,141 U.S.						
			counties and						
			county						
Fast Food Restaurant			equivalents.)						
Density			equivalents.)						
	Low I	mpact/High	n Feasibility						
Indicator Description	Davidson County	Tennessee	US	Trend	Benchmark (Healthy People				

			2020, etc.)
# of Community			
Gardens	45		

Policies

Thirty policies were identified during the consensus workshop. Information for each policy was gathered to evaluate the policy's overall impact and likelihood of affecting positive change within the Davidson County food system if addressed within the next three to five years. Upon evaluation, four policies were identified as priority and an analysis of threats, opportunities, recommendations and partnerships (TORP) was conducted.

- School Food Policy for Buy Local Requirement
- Policy regarding Local Zoning for Land Use
- Waste Management Policy-local, state
- Policy for No Sales Tax to Consumers on Locally Produced Foods

The grids below show the result of the TORP analysis for each of the four priority policies considered.

School Food Policy – Buy Local Requirement

Metro Nashville Public Schools: Nutrition Education and MNPS Nutrition Services IM 4.170- No requirement for local procurement currently exists within this policy.

 <u>Threats Posed</u> FOOD SAFETY: Liability concerns of the schools, and the potential fallout were there to be an outbreak of foodborne illness AVAILABILITY of products COST of food LIABILITY BURDEN on growers for both GAP training and liability insurance ADMINISTRATIVE BURDEN on the purchaser (MNPS and individual private schools ABILITY TO HANDLE AND PREPARE; staff training INFRASTRUCTCURE; some schools no longer have the 	 <u>Opportunities Created</u> IMPROVE CHILDREN'S HEALTH; Lower risk of chronic disease DEVELOP A FOUNDATION OF HEALTHY EATING IMPROVED FOOD I.Q. IMPROVED NUTRITIONAL I.Q. ECONOMIC BENEFIT TO THE COMMUNITY; jobs, tax revenue PROTECTION OF NATURAL RESOURCES; water, land, air COMMUNITY COHESION
 necessary kitchen equipment to process and cook local food. FUNDING; the food service unit is a stand-alone entity expected to break even financially. 	
<u>Recommendations (to prepare for/mitigate threats or</u> <u>leverage/maximize opportunities)</u>	Partnerships (Stakeholders to include when planning for change)
 START SMALL (low percentages, small amounts, pilot projects) 	MNPS administrationFARMERS
 BUY-IN FROM MNPS (including access to accurate data on current processes) A COMPREHENSIVE EDUCATIONAL PROGRAM; for MNPS, students, parents, farmers CURRICULUM AROUND BUYING/EATING LOCAL 	 DISTRIBUTORS CAFETERIA WORKERS/UNION FAMILIES TEACHERS

Local Zoning for Land Use Policy

(Ord. 96-555 § 1.1, 1997) Metro Planning Commission is final authority on Subdivisions. Metro Planning Commission makes recommendations to Metro Council on Zoning. Metro Council is final authority on Zoning. Zoning dictates appropriate land uses. In some instances zoning could be a barrier to the establishment of certain components of the food system.

Threats Posed	Opportunities Created
 FOOD SAFETY/LIABILITY RESTRICTIONS POSED BT SUB-METRO REGULATIONS, i.e., HOMEOWNERS' ASSOCIATIONS etc., NEIGHBORS VARIOUS PUBLIC ENTITIES OWNING THE LAND 	 AVAILABILITY OF LAND COST AVOIDANCE – NO MOWING/UPKEEP
Recommendations (to change policy/maximize opportunities)	Partnerships (Stakeholders to include when planning for policy change)
 ASSESS LIABILITY ASSESS DEMAND LONG-TERM LEASES 	 METRO GOVERNMENT STATE GOV'T U.S. GOV'T FARMERS

Waste Management Policy

"TCA 68-211-601 et seq. ""TCA 68-211-821 last amended 2007"; TCA 68-211-101 et seq.68-211-603 requires the Tennessee Department of Environment and Conservation (TDEC) to have a "comprehensive solid waste plan" with the stated goal of reducing the volume of waste in landfills and incinerators." Less than optimal as it does not specifically address food waste. 68-211-821 directs TDEC to develop goals for solid waste management across the state. These goals are to include waste avoidance, waste reduction and composting. It establishes a fund to pay for this. Potentially significant, depending upon size of the fund and its method of distribution TCA 68-211-101 et seq The rules define "composting" and the permitting process for composting operations. Minimal at present, as there is only one licensed composting facility in Tennessee.

Threats Posed	Opportunities Created
 LOGISTICS/SAFETY INFRASTRUCTURE NEEDS PUBLIC NUISANCE INCREASED COSTS TO WASTE COMPANIES PUBLIC RESISTANCE 	 NATUAL RESOURCE PRESERVATION AND ENHANCEMENT LESS USE OF LANDFILLS FORGONE COSTS – FEWER LANDFILLS/PICKUPS/TRANSPORTATION CREATING A PRODUCT AND A POTENTIAL INCOME STREAM ENERGY SOURCE METHANE

Recommendations (to change policy/maximize	Partnerships (Stakeholders to include when
opportunities)	planning for policy change)
 ASSESS RETURN ON INVESTMENT CONSIDER REGIONALIZATION 	 Tennessee Department of Environment and Conservation (TDEC) METRO Government PERHAPS OTHER COUNTIES

No Sales Tax on Locally Produced Food Policy

TCA 67-6-301 Tennessee agricultural products are exempted from the state sales tax except when they are sold at retail to the end user. Advantages the sale of local agricultural products vis a vis those from elsewhere. Good law, but could be more beneficial if the end-user sales tax for Tennessee products was exempted from the sales tax.

 <u>Threats Posed</u> PERCEIVED LOSS OF TAX REVENUE at state and local levels POTENTIAL REGULATORY BURDEN TO DEFINE AND INDENTIFY LOCAL PRODUCE 	 <u>Opportunities Created</u> IMPROVED HEALTH/ECONOMY/NATURAL RESOURCES
Recommendations (to change policy/maximize opportunities)• ASSESS TRUE TAX IMPACT; CONSIDER OFFSETS AS WELL AS THE DIRECT LOSS OF TAX REVENUE• ASSESSS TRUE COST; HEALTH IMPACTS/NATURAL RESOURCES/ECONOMIC• ASSESS WHETHER OTHER COMMUNITIES DO THIS	Partnerships (Stakeholders to include when planning for policy change)• TENNESSEE GENERAL ASSEMBLY• RESTAURANT OWNERS• CHAMBER OF COMMERCE• TENNESSEE HOSPITALITY ASSOC.

Appendices

Appendix A: Food System Consensus Workshop Results

	Workshop Question: What resources exist in Davidson County to support the food system?								
Government and Community Support	Food Production	Food Reclamation	Food Assistance	Distribution & Storage	Food Retail	Food Services	Education & Employment	Processing	
Community Organizations	Growers	Restaurants that Donate Food at End of Day	Food Assitance - Food Bank, SNAP, WIC	Distribution Networks	Grocery Stores	Restaurants	Jobless People	Dairy/ Slaughterhouse	
Community/Business Groups (i.e. Hip Donelson Farmer's Market; Crossings F.M.)	Farms	Gleaning	Food Banks	Fleet of Vehicles	Ethnic Grocery Stores/ Restaurants	Nashville Originals	College Education/ Ag Programs	Community/ Commercial Kitchens and Processing Facilities	
Food Policy Council(s)	Dairy Farm	Organic Waste/Compost	School Food Programs	Facilities	Convenience Stores	Food Trucks	Food Industry Workers	Processing	
Faith Based Support				Underutilized Buildings	Mobile Markets	Institutio nal Buyers	Garden/ Nutrition Classes		
Government/ Social Services					CSAs				
Grants/ Money					Customers/ Supporters				
Promotion of Local Communications Systems					<u>Markets</u> Farmers Markets				
Wild Edibles Idle Public Land					Tumoro Hunco				
Community Gardens									

	Workshop Question: What are the possible topics to include in the annotated bibliography?									
Building a Healthy Food Culture	Quality Public Composting Program	Developing Food System Infrastructure	Redefine Allowable Urban Livestock	Protecting Open Space & Farm Land	Effective School Food Policy	Evaluate Farm Bill Implications	Realign Food Incentives	Land Use Reform		
Food	High Quality	Processing -		Tools for	Requirement -	Farm Bill -	Current &			
Consumption	Compost for	local, small	Bees, Need	Remaining	Schools,	Local	Possible			
Education	Free	vendors	More	Open Space,	Institutions	Vegetables	Subsidies	Private Land		
Nutritional Education	No Metro Composting Program	No \$/Training for Food Entrepreneurs	Urban Livestock Regs - Chickens, Bees, Rabbits, etc.	No \$ for Farm Preservation	Unfinished Foods (Community Kitchens/Schoo Is Can Be Taken Home	Farm Bill SNAP & Subsidies	Potential Tax Breaks for System Components	Clarify Urban Ag Zoning		
Healthy Food Access	, rogram	Warehouse (Shared) Needed			School Food Sourced Locally	Food Stamp - Double \$ for	0 Sales Tax on Local fresh Food	Zoning		
At-Risk Populations		No Shared Commercial Kitchen			School Food Policies	Farm Bill	Davidson Co. Farmers Sell for Free at NFM	Downzoning Rights Back to Ag		
		Regional/State wide/Multi- state Approach			Schools Must Buy Some Local Food			Public Land		
					MNPS Food Policy			Policies Sell from Public Land		
								Leases for Farmers on Public Land		
								Sale of Ag Produce from		
								Public Land		

Appendix B: Background - Mobilizing for Action through Planning and Partnerships

Identifying Nashville's public health issues and improving the community's health and quality of life requires the knowledge and experiences of all of those who live and work in Nashville. Nashville is using the Mobilizing for Action through Planning and Partnerships (MAPP) community health assessment process as the framework for convening a large variety of organizations, groups, and individuals that comprise the local public health system in order to create and implement a community health improvement plan. As a community-based and inclusive process, MAPP provides an opportunity to build and maintain relationships with community partners and Nashville residents. Community involvement throughout the process creates community ownership of public health concerns and solutions.

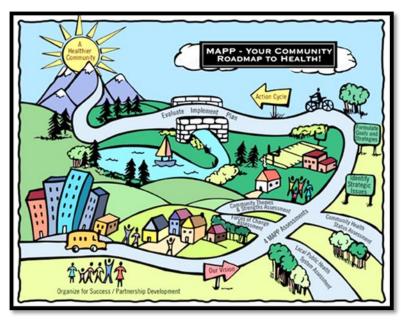


Fig 2: MAPP Process Roadmap to Improved Health

From 1997 through 2001, the National Association of County and City Health Officials (NACCHO), in collaboration with the Centers for Disease Control and Prevention (CDC), developed MAPP. Prior to MAPP's inception, public health practitioners did not have structured guidance on creating and implementing community-based strategic plans. In response, NACCHO and CDC created a process based on substantive input from public health practitioners and public health research and theory. As a result, MAPP is a process that is both theoretically sound and relevant to public health practice. (National Association of County and City Health Officials, 2008).

Nashville has used many public health assessment tools in the past and was one of the first communities to use the MAPP process for community health assessment and planning. Nashville was selected by NACCHO as a MAPP demo site from 2001 until 2003, during which time the Healthy Nashville Leadership Council (HNLC) was created as an overseeing body to help guide the MAPP process and prioritize strategic issues.

The HNLC is a mayoral appointed council, comprised of strategic thinkers and community leaders, which is convened by the Metro Public Health Department (MPHD) to serve as the steering committee for the MAPP process. MPHD serves as the lead agency for conducting the MAPP assessments and has established a core support team, comprised of 11 members, diversely representative of the health department and its initiatives, who will serve as leadership for the MAPP assessment teams. See page 12 for the Executive Order establishing the Healthy Nashville Leadership Council.

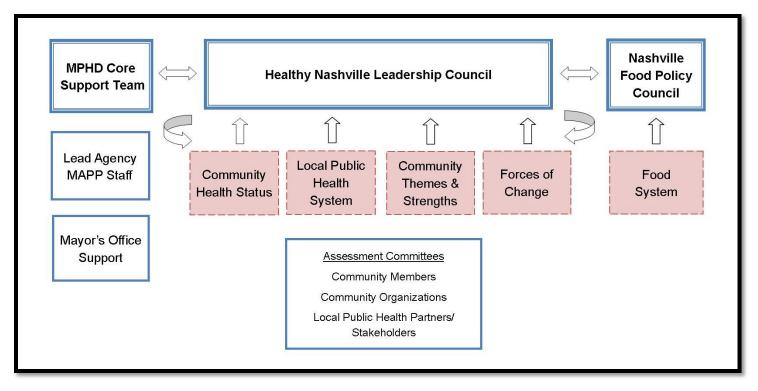


Fig 3: MAPP Organizational Structure (2013-2014)

MAPP utilizes four assessments, which serve as the foundation for achieving improved community health. As reflected in the organizational structure above, for this iteration of MAPP, Nashville has partnered with the Nashville Food Policy Council to utilize information from their Food System Assessment to inform the strategic issues in addition to the traditional four MAPP assessments. These four assessments are:

- **Community Themes and Strengths Assessment**: Provides community perceptions of their health and quality of life, as well as their knowledge of community resources and assets.
- Local Public Health System Assessment: Measures how well public health system partners collaborate to provide public health services based on a nationally recognized set of performance standards. The Local Public Health System Assessment is completed using the local instrument of the National Public Health Performance Standards Program.
- **Community Health Status Assessment:** Measures the health status using a broad array of health indicators, including quality of life, behavioral risk factors, and other measures that reflect a broad definition of health.
- Forces of Change Assessment: Provides an analysis of the positive and negative external forces that impact the promotion and protection of the public's health.

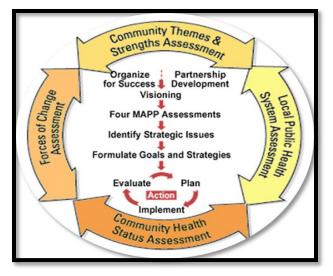


Fig 3: MAPP Process

Once strategic issues are identified, the HNLC will formulate goals, strategies and an action plan for implementing the strategies.

This approach leads to the following:

- Measurable improvements in the community's health and quality of life;
- o Increased visibility of public health within the community;
- Community advocates for public health and the local public health system;
- o Ability to anticipate and manage change effectively; and
- Stronger public health infrastructure, partnerships, and leadership.

Healthy Nashville Leadership Council Executive Order

EXECUTIVE ORDER NO. 025

THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

KARL F. DEAN , MAYOR

SUBJECT: Healthy Nashville Leadership Council

I, Karl Dean, Mayor of the Metropolitan Government of Nashville and Davidson County, by virtue of the power and authority vested in me, do hereby amend former Mayor Purcell Executive Order No. 019 and find, direct and order the following:

I. The Metropolitan Government desires to improve the health of its citizens by assessing citizen's health status, the current health systems available to provide essential services, and potential forces of change affecting citizen health and establishing strategic priorities for health improvement; and

II. Much of the chronic disease burden is preventable and the underlying contributors to chronic diseases include unhealthy diet, lack of physical activity, and tobacco use; and

III. Community-wide action is necessary to improve health, including action by individuals, families, schools, employers and businesses, community groups, religious communities, and government; and

IV. The Healthy Nashville Leadership Council has been successful in drawing community-wide attention to and encouraging ownership of important public health problems and their solutions.

1. Healthy Nashville Leadership Council: There is a Davidson County citizens' council called the Healthy Nashville Leadership Council (hereinafter Council).

2. Council's duties: The Council shall be charged with:

a. Assessing the health status and quality of life of Davidson County residents, assessing health systems for essential services, and assessing potential forces of change, and

b. Establishing strategic priorities and mobilizing community initiatives to achieve improvements in health.

3. Council members: The Council shall be composed of eighteen (18) members appointed by the Mayor.

a. One of the members shall be a member of the Metropolitan Board of Health; and

b. One of the members shall be the Director of Health or her/his designee.

c. Other appointees to the Council shall include, but not be limited to, representatives of health care organizations, community organizations, and other interested community members.

d. Members of the Council shall be appointed with a conscious intention of reflecting a diverse mixture with respect to race, ethnicity, gender, and age.

4. Terms for Council members:

a. With the exception of the Director of Health, the regular term of a member of the council shall be three (3) years.

b. However, of the initial membership of the Council, five (5) members will serve one (1) year, six (6) members will serve two (2) years, and six (6) members will serve three (3) years so that the terms are staggered as to replace no more than one third (1/3) of the members each year. [Note: The Mayor will designate the term length for each initial Council member at the time of appointment.]

c. Members of the Council shall continue in office until the expiration of the terms for which they were respectively appointed and until such time as their successors are appointed, unless a member is administratively removed from the Council pursuant to section 10 below.

5. Vacancies: A vacancy shall be filled in the same manner as a regular appointment.

6. Compensation: Members of the Council shall not be compensated for services rendered.

7. Chair: The Mayor shall appoint a chair from among the members.

8. Officers: The Council shall elect other officers as the Council finds necessary and appropriate.

9. Quorum: A quorum for approving decisions by the Council shall consist of a majority of the currently filled positions on the Council.

10. Removal of Members: A member who fails to attend three (3) or more meetings in a calendar year will cease to be a member absent a vote of retention by the Council.

11. Staff: The Metropolitan Public Health Department shall provide staff support for the Council.

Ordered, Effective and Issued:

Karl F. Dean Mayor

Date: March 17, 2008