Policy and Healthy Food Access

The Healthy Food Policy Project defines healthy food access as:

"Healthy food is accessible when it is affordable, and community members can readily grow or raise it; find it; obtain it; transport it; prepare it; and eat it."

However, healthy food access does not exist without policies that define it. Specifically, land-use policies shape every aspect of this definition.

Policy Assessment Methods. In order to understand the existing food policy landscape that shapes healthy food access, UHP and its partners conducted an assessment of thirteen (13) jurisdictions across the county. *Table 1* lists the jurisdictions included in the assessment.

Three general categories of policy documents were collected for each jurisdiction:

1. *Comprehensive plans*
2. *Master Plans and/or CRA Plans*
3. *Ordinances*

Each of these policy documents were searched with the following *key words* to identify policies related to food access:

Food, community garden, farm, urban farm, urban agriculture, food garden, diabetes, health, diet, nutrition, green market, food market, food, farmers market, and agriculture

Table 1: Food Policy Assessment Policy Share, Food Deserts, and Diabetes

Jurisdiction	Policy Share	Comp Plan	Master Plans/CRA	Ordinances	Policy Sum	Diabetes	Diabetes Percent Relative to County 123/100K rate
BMSD	21%	8	0	0	8	277	126
COCONUT CREEK	3%	0	1	0	1	146	19
DANIA BEACH	5%	0	1	1	2	106	-14
FORT LAUDERDALE	26%	8	1	1	10	149	21
HALLANDALE BEACH	0%	0	0	0	0	78	-37
HOLLYWOOD	1%	0	0.5	0	0.5	109	-12
LAUDERDALE BY THE SEA	1%	0.5	0	0	0.5	72	-42
LAUDERDALE LAKES	8%	1	2	0	3	278	126
LAUDERHILL*	5%	0	0	2	2	226	84
MIRAMAR	13%	0	0	5	5	84	-32
PEMBROKE PARK*	0%	0	0	0	0	106	-14
PEMBROKE PINES	9%	0	3	0.5	3.5	54	-56
POMPANO BEACH	9%	0.5	1	2	3.5	140	14
	TOTALS	**18**	**9.5**	**11.5**	**39**		

*Note: *Jurisdictions where the Comprehensive Plan could not be obtained for analysis.*

Once a food access policy was identified, a point was added to the jurisdiction under the policy document. In cases where no food access policies could be found, consideration was given to *"allied policies"* that could potentially predicate a healthy food access policy. For example, a policy on promoting, "*energy efficient land uses"* to reduce the carbon footprint could possibly justify local food growing as a strategy for reducing greenhouse gases. For such policies, a half of point was allotted. Policies were further categorized under the following criteria:

- **Social-Health:** Policies that support the social and health outcomes of healthy food access. For example, community gardens promoted for their community-building and health benefits.
- **Economic:** Policies that support the economic benefits of healthy food access. For example, supporting urban farms for their ability to spur economic activity in a CRA.
- **Environmental-Sustainability**: These are policies that frame food access as strategies for greater environmental sustainability. For example, a policy that promotes local food access as a climate-change adaptation strategy would fall under this criteria.

A database records the total policies across each jurisdiction along with a short summary of the policies. Clips of the policies are also included. A more detailed discussion of the findings can be made available upon request.

General Findings. Across all the jurisdictions, a grand total of thirty-nine (39) policies were identified to be related to healthy food access (*Table 1*). A small percent of these are "allied policies." Fortunately, the majority of the policies are in jurisdictions that have high rates of diabetes. For example, BMSD and Fort Lauderdale have some of the highest rates of diabetes, but also the greatest number of food access policies. BMSD has a diabetes rate 126% higher than the county rate, but has eight (8) policies, which is 21% of the thirty-nine (39) grand total. Fort Lauderdale has ten (10) policies, and its diabetes rate is 21% higher than the county.

Policy Gaps. There are three patterns of gaps in policies. First, there are jurisdictions with no policies. Second, there are cases of Comprehensive Plan policies with no implementation ordinances. Third, there are cases of ordinances with no comprehensive plan guidance. A jurisdiction could make great improvements for healthy food access by filling in these gaps.

Contact Us

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