

REPORT BRIEF • SEPTEMBER 2009

LOCAL GOVERNMENT ACTIONS TO PREVENT CHILDHOOD OBESITY

In the United States, 16.3 percent of children and adolescents between the ages of two and 19 are obese. This epidemic has exploded over just three decades. Among children two to five years old, obesity prevalence increased from 5 percent to 12.4 percent; among children six to 11, it increased from 6.5 percent to 17 percent; and among adolescents 12 to 19 years old, it increased from 5 percent to 17.6 percent (see Figure 1).

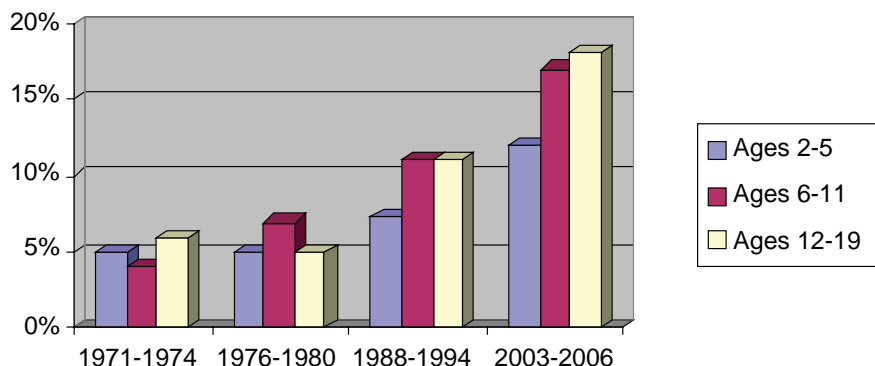
The prevalence of obesity is so high that it may reduce the life expectancy of today's generation of children and diminish the overall quality of their lives. Obese children and adolescents are more likely than their lower-weight counterparts to develop hypertension, high cholesterol, and type 2 diabetes when they are young, and they are more likely to be obese as adults.

In 2008, the Institute of Medicine (IOM) Committee on Childhood Obesity Prevention Actions for Local Governments was convened to identify promising ways to address this problem on what may well be the epidemic's frontlines. The good news is that there are numerous actions that show potential for use by local governments. Of course, parents and other adult caregivers play a fundamental role in teaching children about healthy behaviors, in modeling those behaviors, and in making decisions for children when needed. But those positive efforts can be undermined by local environments that are poorly suited to supporting healthy behaviors—and may even promote unhealthy behaviors. For example, many communities lack ready sources of healthy food choices, such as supermarkets and grocery stores. Or they may not provide safe places for children to walk or play. In such communities, even the most motivated child or adolescent may find it difficult to act in healthy ways.



... local governments are ideally positioned to promote behaviors that will help children and adolescents reach and maintain healthy weights.

FIGURE 1: PREVALENCE OF OBESITY AMONG CHILDREN, 1971-2006



SOURCE: Centers for Disease Control and Prevention, National Health and Nutrition Examination Survey

ACTING LOCALLY

Local governments are experienced in promoting children's health, as they historically have implemented policies intended to ensure, among other things, that children are immunized or they wear helmets when riding a bike. In the same way, local governments—with jurisdiction over many aspects of land use, food marketing, community planning, transportation, health and nutrition programs, and other community issues—are ideally positioned to promote behaviors that will help children and adolescents reach and maintain healthy weights. Promoting children's healthy eating and activity will require the involvement of an array of government officials, including mayors and commissioners or other leaders of counties, cities, or townships. Many departments, including those responsible for public health, public works, transportation, parks and recreation, public safety, planning, economic development, and housing will also need to be involved.

In addition, community involvement and evaluation are vital to childhood obesity prevention efforts. It is critical for local government officials and staff to involve constituents in determining local needs and identifying top priorities. Engaging community members in the process will help identify local assets, focus resources, and improve implementation plans. And, as obesity prevention actions are implemented, they need to be evaluated in order to provide important information on what does and does not work.

CREATING EQUAL OPPORTUNITIES FOR HEALTHY WEIGHT

In adopting policies and practices tailored to raising healthy children, local communities have an added opportunity to achieve health equity—put simply, the fair distribution of health resources among all population groups, regardless of their social standing. Poverty, poor housing, racial segregation, lack of access to quality education, and limited access to health care contribute to the uneven well-being of some groups of people, especially those living in historically disadvantaged communities. If local officials observe, for example, that many children in certain neighborhoods do not engage in sufficient physical activity or consume too few fruits and vegetables, they should examine the equity of access to recreation opportunities and grocery stores in those areas. These officials may then find themselves uniquely positioned to catalyze, support, or lead collaborations in the community and engage diverse constituent groups in efforts to improve the places where children live and play.

RECOMMENDING PROMISING ACTIONS

Evidence on the best childhood obesity prevention practices is still accumulating and is limited in many important topic areas. However, local government officials want to act now on the best available information. The IOM committee reviewed published literature, examined reports from organizations that work with local governments, heard presentations from experts on the role of local government in obesity prevention, and explored a variety of tool kits that have been developed for communities and their leaders.

In arriving at its recommendations, the committee looked for actions that are within the jurisdiction of local governments; likely to directly affect children; based on the experience of local governments or sources that work with local governments; take place outside of the school day; and have the potential to promote healthy eating and adequate physical activity. Healthy eating is characterized as consuming the types and amounts of foods, nutrients, and calories recommended by the Dietary Guidelines for Americans, and adequate physical activity for children constitutes a total of 60 minutes per day.

The committee recommends nine healthy eating strategies and six physical activity strategies for local government officials to consider in planning, implementing, and refining childhood obesity prevention efforts. The committee also recommends a number of specific action steps for each strategy and highlights 12 steps overall judged to have the most promise.

ACTIONS FOR HEALTHY EATING

GOAL 1: IMPROVE ACCESS TO AND CONSUMPTION OF HEALTHY, SAFE, AND AFFORDABLE FOODS

Strategy 1: Retail Outlets

Increase community access to healthy foods through supermarkets, grocery stores, and convenience/corner stores.

Action Steps

- Create incentive programs to attract supermarkets and grocery stores to underserved neighborhoods (e.g., tax credits, grant and loan programs, small business/economic development programs, and other economic incentives).
- Realign bus routes or provide other transportation, such as mobile community vans or shuttles to ensure that residents can access supermarkets or grocery stores easily and affordably through public transportation.
- Create incentive programs to enable current small food store owners in underserved areas to carry healthier, affordable food items (e.g., grants or loans to purchase refrigeration equipment to store fruits, vegetables, and fat-free/low-fat dairy; free publicity; a city awards program; or linkages to wholesale distributors).
- Use zoning regulations to enable healthy food providers to locate in underserved neighborhoods (e.g., “as of right” and “conditional use permits”).
- Enhance accessibility to grocery stores through public safety efforts, such as better outdoor lighting and police patrolling.

Strategy 2: Restaurants

Improve the availability and identification of healthful foods in restaurants.

Action Steps

- Require menu labeling in chain restaurants to provide consumers with calorie information on in-store menus and menu boards.
- Encourage non-chain restaurants to provide consumers with calorie information on in-store menus and menu boards.
- Offer incentives (e.g., recognition or endorsement) for restaurants that promote healthier options (for example, by increasing the offerings of healthier foods, serving age-appropriate portion sizes, or making the default standard options healthy – i.e., apples or carrots instead of French fries, and non-fat milk instead of soda in “kids’ meals”).

Strategy 3: Community Food Access

Promote efforts to provide fruits and vegetables in a variety of settings, such as farmers’ markets, farm stands, mobile markets, community gardens, and youth-focused gardens.

Action Steps

- Encourage farmers markets to accept Special Supplemental Nutrition Program for Women, Infants and Children (WIC) food package vouchers and WIC Farmers Market Nutrition Program coupons; and encourage and make it possible for farmers markets to accept Supplemental Nutrition Assistance Program (or SNAP, formerly the Food Stamp Program) and WIC Program Electronic Benefit Transfer (EBT) cards by allocating funding for equipment that uses electronic methods of payment.
- Improve funding for outreach, education, and transportation to encourage use of farmers markets and farm stands by residents of lower-income neighborhoods, and by WIC and SNAP recipients.

 = Most Promising Steps

- Introduce or modify land use policies/zoning regulations to promote, expand, and protect potential sites for community gardens and farmers' markets, such as vacant city-owned land or unused parking lots.
- Develop community-based group activities (e.g., community kitchens) that link procurement of affordable, healthy food with improving skills in purchasing and preparing food.

Strategy 4: Public Programs and Worksites

Ensure that publicly-run entities such as after-school programs, child-care facilities, recreation centers, and local government worksites implement policies and practices to promote healthy foods and beverages and reduce or eliminate the availability of calorie-dense, nutrient-poor foods.

Action Steps

- Mandate and implement strong nutrition standards for foods and beverages available in government-run or regulated after-school programs, recreation centers, parks, and child care facilities (which includes limiting access to calorie-dense, nutrient-poor foods).
- Ensure that local government agencies that operate cafeterias and vending options have strong nutrition standards in place wherever foods and beverages are sold or available.
- Provide incentives or subsidies to government run or regulated programs and localities that provide healthy foods at competitive prices and limit calorie-dense, nutrient poor foods (e.g., after-school programs that provide fruits or vegetables every day, and eliminate calorie-dense, nutrient poor foods in vending machines or as part of the program).

Strategy 5: Government Nutrition Programs

Increase participation in federal, state, and local government nutrition assistance programs (e.g., WIC, school breakfast and lunch, the Child and Adult Care Food Program [CACFP], the Afterschool Snacks Program, the Summer Food Service Program, SNAP).

Action Steps

- Put policies in place that require government-run and -regulated agencies responsible for administering nutrition assistance programs to collaborate across agencies and programs to increase enrollment and participation in these programs (i.e., WIC agencies should ensure that those who are eligible are also participating in SNAP, etc.)
- Ensure that child care and after-school program licensing agencies encourage utilization of the nutrition assistance programs and increase nutrition program enrollment (CACFP, Afterschool Snack Program, and the Summer Food Service Program).

Strategy 6: Breastfeeding

Encourage breastfeeding and promote breastfeeding-friendly communities.

Action Steps

- Adopt practices in city and county hospitals that are consistent with the Baby-Friendly Hospital Initiative USA (United Nations Children's Fund/World Health Organization). This initiative promotes, protects, and supports breastfeeding through ten steps to successful breastfeeding for hospitals.
- Permit breastfeeding in public places and rescind any laws or regulations that discourage or do not allow breastfeeding in public places and encourage the creation of lactation rooms in public places.
- Develop incentive programs to encourage government agencies to ensure breastfeeding-friendly worksites, including providing lactation rooms.
- Allocate funding to WIC clinics to acquire breast pumps to loan to participants.

Strategy 7: Drinking Water Access

Increase access to free, safe drinking water in public places to encourage water consumption instead of sugar-sweetened beverages.

Action Steps

- Require that plain water be available in local government-operated and administered outdoor areas and other public places and facilities.
- Adopt building codes to require access to and maintenance of fresh drinking water fountains (e.g., public restroom codes).

GOAL 2: REDUCE ACCESS TO AND CONSUMPTION OF CALORIE-DENSE, NUTRIENT-POOR FOODS

Strategy 8: Policies and Ordinances

Implement fiscal policies and local ordinances to discourage the consumption of calorie-dense, nutrient-poor foods and beverages (e.g., taxes, incentives, land use and zoning regulations).

Action Steps

- Implement a tax strategy to discourage consumption of foods and beverages that have minimal nutritional value, such as sugar-sweetened beverages.
- Adopt land use and zoning policies that restrict fast food establishments near school grounds and public playgrounds.
- Implement local ordinances to restrict mobile vending of calorie-dense, nutrient-poor foods near schools and public playgrounds.
- Implement zoning designed to limit the density of fast food establishments in residential communities.
- Eliminate advertising and marketing of calorie-dense, nutrient-poor foods and beverages near school grounds and public places frequently visited by youths.
- Create incentive and recognition programs to encourage grocery stores and convenience stores to reduce point-of-sale marketing of calorie-dense, nutrient-poor foods (i.e., promote “candy-free” check out aisles and spaces).

GOAL 3: RAISE AWARENESS ABOUT THE IMPORTANCE OF HEALTHY EATING TO PREVENT CHILDHOOD OBESITY

Strategy 9: Media and Social Marketing

Promote media and social marketing campaigns on healthy eating and childhood obesity prevention.

Action Steps

- Develop media campaigns, utilizing multiple channels (print, radio, internet, television, social networking, and other promotional materials) to promote healthy eating (and active living) using consistent messages.
- Design a media campaign that establishes community access to healthy foods as a health equity issue and reframes obesity as a consequence of environmental inequities and not just the result of poor personal choices.
- Develop counter-advertising media approaches against unhealthy products to reach youth as has been used in the tobacco and alcohol prevention fields.

ACTIONS FOR INCREASING PHYSICAL ACTIVITY

GOAL 1: ENCOURAGE PHYSICAL ACTIVITY

Strategy 1: Built Environment

Encourage walking and bicycling for transportation and recreation through improvements in the built environment.

Action Steps

- Adopt a pedestrian and bicycle master plan to develop a long-term vision for walking and bicycling in the community and guide implementation.
- Plan, build, and maintain a network of sidewalks and street crossings that creates a safe and comfortable walking environment and that connects to schools, parks, and other destinations.
- Plan, build, and retrofit streets so as to reduce vehicle speeds, accommodate bicyclists, and improve the walking environment.
- Plan, build, and maintain a well-connected network of off-street trails and paths for pedestrians and bicyclists.
- Increase destinations within walking and bicycling distance.
- Collaborate with school districts and developers to build new schools in locations central to residential areas and away from heavily trafficked roads.

Strategy 2: Programs for Walking and Biking

Promote programs that support walking and bicycling for transportation and recreation.

Action Steps

- Adopt community policing strategies that improve safety and security of streets, especially in higher crime neighborhoods.*
- Collaborate with schools to develop and implement a Safe Routes to School program to increase the number of children safely walking and bicycling to schools.
- Improve access to bicycles, helmets, and related equipment for lower-income families, for example, through subsidies or repair programs.
- Promote increased transit use through reduced fares for children, families, and students, and improved service to schools, parks, recreation centers, and other family destinations.
- Implement a traffic enforcement program to improve safety for pedestrians and bicyclists.

Strategy 3: Recreational Physical Activity

Promote other forms of recreational physical activity.

Action Steps

- Build and maintain parks and playgrounds that are safe and attractive for playing and in close proximity to residential areas.
- Adopt community policing strategies that improve safety and security for park use, especially in higher crime neighborhoods.*
- Improve access to public and private recreational facilities in communities with limited recreational options through reduced costs, increased operating hours, and development of culturally appropriate activities.

* These two action steps on community policing were combined for the most promising 12 action steps list.

- Create after-school activity programs, e.g., dance classes, city-sponsored sports, supervised play, and other publicly or privately supported active recreation.
- Collaborate with school districts and other organizations to establish joint use of facilities agreements allowing playing fields, playgrounds, and recreation centers to be used by community residents when schools are closed; if necessary, adopt regulatory and legislative policies to address liability issues that might block implementation.
- Create and promote youth athletic leagues and increase access to fields, with special emphasis on income and gender equity.
- Build and provide incentives to build recreation centers in neighborhoods.

Strategy 4: Routine Physical Activity

Promote policies that build physical activity into daily routines.

Action Steps

- Institute regulatory policies mandating minimum play space, physical equipment, and duration of play in preschool, after-school, and child-care programs.
- Develop worksite policies and practices that build physical activity into routines (for example, exercise breaks at a certain time of day and in meetings, or walking meetings). Target worksites with high percentages of youth employees and government-run and -regulated worksites.
- Create incentives for remote parking and drop-off zones and/or disincentives for nearby parking and drop-off zones at schools, public facilities, shopping malls, and other destinations.
- Improve stairway access and appeal, especially in places frequented by children.

GOAL 2: DECREASE SEDENTARY BEHAVIOR

Strategy 5: Screen Time

Promote policies that reduce sedentary screen time.

Action Steps

- Adopt regulatory policies limiting screen time in preschool and after-school programs.

GOAL 3: RAISE AWARENESS OF THE IMPORTANCE OF INCREASING PHYSICAL ACTIVITY

Strategy 6: Media and Social Marketing

Develop a social marketing program that emphasizes the multiple benefits for children and families of sustained physical activity.

Action Steps

- Develop media campaigns, utilizing multiple channels (print, radio, internet, television, other promotional materials) to promote physical activity using consistent messages.
- Design a media campaign that establishes physical activity as a health equity issue and reframes obesity as a consequence of environmental inequities and not just the result of poor personal choices.
- Develop counter-advertising media approaches against sedentary activity to reach youth as has been done in the tobacco and alcohol prevention fields.

FOR MORE INFORMATION . . .

Copies of *Local Government Actions to Prevent Childhood Obesity* are available from the National Academies Press, 500 Fifth Street, N.W., Lockbox 285, Washington, DC 20055; (800) 624-6242 or (202) 334-3313 (in the Washington metropolitan area); Internet, www.nap.edu. The full text of this report is available at www.nap.edu.

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