

10-01

Statement of Policy Comprehensive Obesity Prevention

Policy

Addressing obesity prevention and reduction of resulting chronic diseases will require the following:

- Policy and legislation
- Systems-based reform
- Changes to the built and physical environment
- Nutritional equity
- Funding

The National Association of County and City Health Officials (NACCHO) supports activities such as those listed below and makes the following recommendations to lead to the prevention of obesity and reduction of resulting chronic diseases:

- Local communities should increase community access to healthy foods by creating incentive programs to attract food retailers to underserved areas.
- Congress and/or local governments should require comprehensive menu labeling at the point of decision-making in chain restaurants.¹ Menu labeling is comprehensive when it includes nutrition information, such as calories, fats (including trans fats), carbohydrates, and sodium, most critical to people with chronic diseases. Such nutrition information should be displayed or made available in a clear, non-confusing, uniform way across restaurants. Menu labels, menu boards, and menu tags should at least display calorie content with additional language referencing a standard 2,000 calorie diet. The information should be available in Spanish and other languages prevalent in the chain restaurant's community.
- Congress and/or local governments should 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 include limiting access to calorie-dense, nutrient-poor foods).
- Local governments and recreation facilities should increase access to safe, free drinking water in public places to encourage consumption of water instead of sugar-sweetened beverages.
- Local governments and planning agencies should integrate local public health considerations into community design processes, including community planning, regulations, and design of new development and redevelopment, and design of the public realm to promote and protect the health of communities.²
- Municipal planning should encourage bicycling and walking for transportation and recreation through improvements in the built environment.



- Local, state and federal governments should dedicate resources to improve the capacity of local health departments (LHDs) to participate effectively in the community design process through training, development of tools, technical assistance, and other support.²
- Local jurisdictions should promote policies that build physical activity into daily routines by requiring physical education in schools and child care programs and supporting programs such as Safe Routes to School that encourage walking to school.
- NACCHO encourages LHDs to use these policy strategies as the standard for development of comprehensive obesity and overweight prevention policies.

These recommendations are supported by evidence and policy recommendations contained in the following three documents:

*Centers for Disease Control and Prevention (CDC) Recommended Community Strategies and Measurements to Prevent Obesity*³: This report identifies 24 local government strategies and suggests measurements for each strategy related to promoting the availability and affordability of healthy foods and beverages, supporting healthy food and beverage choices, encouraging breastfeeding, encouraging physical activity, limiting sedentary behavior, creating safe communities, and organizing for change.

*Institute of Medicine (IOM) Local Government Actions to Prevent Childhood Obesity*⁴: This report identifies action steps that local governments can take to improve access to and consumption of safe, healthy, affordable foods and reduce access to and consumption of calorie-dense, nutrient-poor foods, encourage physical activity and reduce sedentary behavior, and raise awareness about the importance of healthy eating and physical activity.

*The Leadership for Healthy Communities Action Strategies Toolkit*⁵: This toolkit contains 10 action strategies and several policy options that state, local, and school-district policymakers can use to increase opportunities for physical activity and access to healthy foods in communities and schools. Examples of state and local success stories are included in the document.

Justification

Obesity has become a public health epidemic. According to the National Center for Health Statistics, 66 percent of adults age 20 years and over are overweight or obese.⁶ Over the past 30 years, obesity prevalence has more than doubled among children and adults and tripled among adolescents.⁷ The alarming rates of obesity cause concern because of associated health consequences. Obesity increases the risk of many chronic diseases and conditions including diabetes, heart disease, hypertension, depression, stroke, arthritis, and some cancers.⁷ Overweight children are likely to become overweight or obese adults.⁷ The economic costs of obesity are staggering. The total cost of obesity and physical inactivity in 2000 was estimated to be \$117 billion. The treatment of obesity related conditions has been linked to a 36 percent increase in healthcare spending.⁸

Preventable risk factors such as physical inactivity and poor diet have contributed to the epidemic over time. Twenty-two percent of American adults indicate that they do not engage in any physical activity,⁹ only 54 percent of high school students report having physical education at least once a week, and more than 35 percent of high school students watch three or more hours

of television per day.¹⁰ Many social and environmental factors influence these behaviors that are contributing to the increased prevalence of obesity. Among them are a culture that relies on convenience and abundance. Food has become denser in calories and Americans are consuming more. Spending in fast food restaurants has increased from \$6 billion in 1970 to \$110 billion in 2001.¹¹ The culture of eating has changed as it becomes a psychological issue for many Americans. Mental health and physical health conditions often co-exist in those that are overweight and obese. The link between mental health, stress, body image, and eating is of concern.

School and workplace environments are not conducive to healthy choices. There is a significant reduction in the amount of physical education in schools and a lack of opportunities to participate in physical activity (e.g., communities are designed for driving rather than walking). There are economic concerns as well since the healthy choice is not often the cheapest choice and lower income neighborhoods have less access to affordable fresh fruits and vegetables.

Because obesity is the result of an imbalance between calories in versus calories out, obesity prevention policies must address the factors that influence eating and exercise. Those factors cannot be examined independently because they are affected by many social and environmental factors. The environment has changed dramatically in the last 30 years, coincidentally the same time frame in which the obesity epidemic has emerged.

The socio-ecological model recognizes the interwoven relationship that exists between individuals and their environment. While individuals are responsible for instituting and maintaining the lifestyle changes necessary to reduce risk and improve health, individual behavior is determined to a large extent by social environment (e.g., community norms and values, regulations, and policies). Barriers to healthy behaviors are shared among the community as a whole. As these barriers are lowered or removed, behavior change becomes more achievable and sustainable. The most effective approach leading to healthy behaviors is a combination of efforts at all levels—individual, interpersonal, organizational, community, and political. In addition, the socio-ecological model calls for a comprehensive approach to obesity prevention that must address social injustices that contribute to the disproportionate burden of obesity and overweight among underrepresented, low-income, and socially disadvantaged populations. Looking at root causes of health inequities can help explain the disproportionately high rates of obesity among these populations. Factors such as poverty, inadequate housing, low educational attainment, and lack of access to quality healthcare can influence access to healthy food and safe physical activity opportunities within communities.

Strategies for Obesity Prevention

Community Partnerships

Current successful strategies are prevention-orientated and use the socio-ecological model as a framework. Strong community partnerships are necessary for a comprehensive approach to the obesity epidemic. Local public health can help broker and mobilize these partnerships. This work cannot be done in silos. Successful strategies involve a variety of partners, address multiple components, and examine inequalities and social determinants of health. In addition, successful local strategies link interventions to outcomes and recognize the link between obesity and other physical, mental, and environmental health risks.

Policy and Legislation

Successful strategies are also driven by policy and legislation. Examples of policies that address healthy eating include trans fats bans and menu labeling requirements. Environmental interventions may also require policy such as incorporating walking or bicycle paths into a community's design plan, creating community gardens, or bringing in farmers markets that accept food stamps. Workplaces and schools play important roles in preventing obesity. Policy level interventions such as insurance incentives for company wellness policies, joint use agreements between schools and community organizations, or school legislation mandating healthier menus, physical education, and/or comprehensive school wellness policies are examples of successful strategies.

System Changes

Strategies that focus on prevention and systems level change are successful. Lack of a systems approach often leads to misdirected priorities and continued silos. Short-term projects and programs are often too limited and ineffective. Policy and environmental change related to healthy eating and active living is a relatively new concept. The evidence is still emerging, and communities and local health departments (LHDs) need additional support and resources to continue to identify and act on successful strategies. Along with more research, creative and innovative ideas should be encouraged; often what works may be something that is outside of the comfort zone for some communities. While the efforts mentioned above are beginning to show effectiveness, they have not yet turned the tide on the obesity epidemic. There is a lot at stake. If there is no coordinated approach to obesity prevention, entire systems will continue to suffer negative consequences. Entire systems will continue to suffer negative consequences if there is no coordinated approach to obesity prevention. Serious implications for the nation's workforce, such as loss of productivity and rising healthcare costs, quality of life, and community vitality, will persist as obesity continues to affect morbidity and mortality.

The creation and sustaining of healthy places is critical in preventing obesity and ensuring the health and well-being of the population. **The World Health Organization has defined a healthy city as “one that is continuously creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential.”**¹²

Role of LHDs

Obesity prevention programs must be fully integrated and supported within state and local health departments to ensure implementation of the strategies supported by this policy statement. Funding systems need to align at the local, state, and federal level. Partnerships between governmental entities and voluntary or private organizations must also be strengthened to ensure the durability and effectiveness of obesity prevention initiatives within communities.

LHDs have the opportunity to reduce the health and economic burden of obesity. The core functions of public health—assessment, assurance, and policy development—provide structure and guidance for formulating a comprehensive obesity prevention plan. Local public health practitioners are conveners and brokers; they know what partners and what issues need to be at

the table and they are uniquely positioned to facilitate dialogue among diverse partners. The LHD often serves as a connecting force in the community and is able to reach out to everyone. LHDs have the credibility to speak for the community and are concerned for community health. LHDs know their communities, have access to local data, and are aware of the ongoing problems and the dynamics to changing problems. In addition to knowing their communities, local health officials stay abreast of the current literature and are able to share resources and information and suggest evidence-based strategies.

Local health officials and their community partners and stakeholders must take the lead on preventing obesity and overweight to protect the public's health. Strategies must remain flexible and adaptable so that each locality can respond to new scientific knowledge or changes in priority areas. None of these laws, policies, or actions stands alone; all are part of comprehensive strategies intended to protect the public from what is a leading contributor to preventable death and disease in the United States. Local health officials function as leaders, conveners, brokers, and key contributors to broad-based coalitions acting in concert to address obesity prevention issues.

Record of Action

*Approved by NACCHO Board of Directors
March 2010*

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