NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

10-01

STATEMENT OF POLICY

Obesity Prevention

Policy

Using a systems approach to 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, sugar-sweetened beverage reduction and funding.

The National Association of County and City Health Officials (NACCHO) supports and recommends the following activities for the prevention of obesity and reduction of resulting chronic diseases:

- Local communities should increase community access to healthy foods by creating incentive programs to offer to current food retailers and to attract new retailers and farmers markets to underserved and food desert areas.
- Local communities should promote use of Farm-to-School and school garden programs.
- Local communities should reinforce compliance with the Food and Drug Administration (FDA) rule implementing Section 4205 of the Affordable Care Act, which requires menu labeling of local restaurants.[2]
- Local communities should work with restaurants to ensure nutrition information is available in multiple formats and languages to create an inclusive approach to education.[3]
- The FDA should commence regulatory action to sharply lower the added-sugar content and reduce container size in soft drinks and similar beverages; encourage the beverage industry to voluntarily reduce sugar levels, packaging size, and the marketing of other high-sugar foods; and mount, perhaps together with the Centers for Disease Control and Prevention and U.S. Department of Agriculture, a high-profile education campaign to encourage consumers to choose lower-sugar or unsweetened foods and beverages.
- Local communities should promote and collaborate with healthy eating and active living educational programs and policies, in accordance with the Dietary Guidelines for Americans and the Physical Activity Guidelines for Americans.
- Local governments should increase the number of potable water outlets in workplaces, schools, childcare facilities, public spaces, and vending areas.

- Local governments should address the marketing and placement of calorie-dense, nutrient-poor foods, including sugar-sweetened beverages, in supermarkets to reduce consumption of these items. [4,5,6]
- Local governments should promote the reduction of consumption of calorie-dense, nutrient-poor foods, including sugar-sweetened beverages, through portion control recommendations, retail marketing and placement, and limiting government procurement, and availability of sugar-sweetened beverages.
- Congress and/or local governments should mandate and implement strong nutrition standards limiting access to calorie-dense, nutrient-poor foods and beverages available in government-run or -regulated after-school programs, recreation centers, parks, and child care facilities.[4,5,6]
- Local health departments should promote implementation of worksite wellness programs by employers to increase workforce knowledge about healthy eating and physical activity, offer programs to assist with behavior modification to adopt healthy habits, and create policies and environmental changes that make healthy choices easier.[7]
- 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, to promote and protect the health of communities, including provisions for all ages and abilities.[8] Health in All Policies strategies and Health Impact Assessments are methods that incorporate public health into the design process.[8]
- Municipal planning should encourage bicycling and walking for transportation and recreation through improvements in the built environment, including sidewalks, parks, and trails, and making active transportation accessible to all ages and abilities.
- Local governments should dedicate resources and integrate alternative transportation programs for their workforce.
- Local, state, and federal governments should dedicate resources to improve the capacity of local health departments to participate effectively in the community design process through training in strategies such as Health in All Policies, development of tools, technical assistance, conducting Health Impact Assessments, and other support.[8]
- Local jurisdictions should promote policies that build physical activity into daily routines by requiring physical education in schools and child and adult care programs and by supporting programs such as Safe Routes to School that encourage walking and biking to school.
- Local jurisdictions should promote policies that build physical activity into daily routines at worksites, senior centers, and public spaces.
- Local health departments should conduct needs assessments and use County Health Rankings or other accurate data sources to reflect on areas of high obesity rates to help them develop plans to address obesity.
- Local health departments should advance local government policies to use healthy food vending standards in local government facilities and schools to reduce access to sugar-sweetened beverages and calorie-dense snacks and increase the availability of healthier beverage and snack options.

- Local health departments should conduct needs assessments to determine the areas in their jurisdictions with the most prominent display and saturation of marketing and promotion for sugar-sweetened beverage. The resulting data can then be used to target healthy eating interventions in the communities of greatest need.
- Local governments should consider creating local policies that limit the density of fast convenience food restaurants in communities with a high prominence of marketing and sales of calorie-dense, nutrient-poor foods.
- Local health departments should collaborate with partners to develop and disseminate consistent, age-appropriate and culturally-appropriate messaging of health risks of sugar-sweetened beverage consumption
- Local health departments should screen for childhood obesity and prenatal obesity through the Women, Infant and Children (WIC) program, immunization, home visiting programs and well-baby visits and provide referral to nutritionists and trained providers for individual and/or group counseling
- Local health departments should coordinate with states, other municipal agencies, community-based organizations, health care agencies, such as federally-qualified health care centers, and local providers to implement community-based programs that support increased breastfeeding duration and exclusivity as a preventive measure for maternal and childhood obesity.
- NACCHO encourages local health departments to use these policy strategies as the standard for development of comprehensive obesity and overweight prevention policies.

Role of Local Health Departments/Local Governments

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, effectiveness, and inclusiveness of obesity prevention initiatives within all communities.

Local health officials and their community partners and stakeholders should 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 stand 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.

Justification

Obesity has become a public health epidemic. According to the National Center for Health Statistics, 70.7% percent of adults ages 20 years and over were overweight or obese in 2015.[9] Among children and adolescents aged 2-19 years, approximately 17% are obese, leveling over recent years..[10] Children and adolescents with disabilities are 38% more likely to be obese than their peers without disabilities, and adults with disabilities are 58% more likely to be obese than adults without disabilities.[11] 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.[12] Overweight children are likely to become overweight or obese adults.[12] The economic costs of obesity are staggering. Of particular concern are the medical care costs of obesity in the United States. In 2008, health care costs associated with obesity totaled about $147 billion.[13]

Preventable risk factors such as physical inactivity and poor diet have contributed to the obesity epidemic over time. Twenty-four percent of American adults indicate that they do not engage in any physical activity;[14] only 30% of adolescents participate in daily physical education;[14] and 33% of adolescents watch three or more hours of television per day.[14] Adults with disabilities are even less likely to engage in regular physical activity than their peers without disabilities.[15] Breastfeeding appears to provide protection against childhood overweight and obesity with a dose-response effect between breastfeeding duration and reduced risk of childhood obesity.[16,17].Many social and environmental factors also influence the behaviors that are contributing to the increased prevalence of obesity. Many neighborhoods lie in food deserts, making it difficult for people to purchase healthy foods, such as wholegrains, fresh fruits and vegetables. At the same time, Americans are eating more calorie-dense foods with little nutrition. Spending in fast food restaurants has increased from $6 billion in 1970 to $110 billion in 2001.[18] Sugar-sweetened beverages are the largest source of added sugars in the diet of U.S. youth.[15, 18]

Sugar-sweetened beverages and other calorie-dense, nutrient-poor foods are high in calories and provide few essential nutrients. The consumption of sugar-sweetened beverages has been shown to increase the risk of weight gain. Strong evidence shows that youth who consume more sugar-sweetened beverages have higher body weight compared to those who drink less; evidence also supports this relationship in adults.[19] The culture of eating has changed and 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.

Given the link between sugar-sweetened beverage consumption and increase in obesity, needs assessments can determine the areas in their jurisdictions with the most prominent display and saturation of sugar-sweetened beverage marketing and promotion.[19] Needs assessments should also search for areas that lack access to potable drinking water and assess these areas for development. Warning messages about the dangers of sugar-sweetened beverage consumption can be carefully tailored for low-income, marginalized, and medically underserved populations. These strategies should empower community members to understand the dangers of chronic sugar-sweetened beverage consumption and engage in efforts to decrease obesity. Furthermore, these assessments will allow local governments to consider the need to restrict food retailer licenses to limit the density of unhealthy foods in disproportionately affected areas of the community.

Many food options in schools and workplace environments are often 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; lower income neighborhoods often have less access to affordable fresh fruits and vegetables.

Because obesity is the result of an imbalance between calories consumed versus calories expended, 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, 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, disability status, and lack of access to quality healthcare can influence access to healthy food and safe physical activity opportunities within communities.

Local health departments 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 local health department often serves as a connecting force in the community and is able to reach out to everyone. Local health departments have the credibility to speak for the community and are concerned for community health. Local health departments know their communities, have access to local data, and are aware of the ongoing problems and the dynamics to changing problems. Local health officials stay abreast of the current literature and are able to share resources and information and suggest evidence-based strategies aimed at obesity prevention.

Strategies for Obesity Prevention

Community Partnerships

Current successful strategies are prevention-oriented, use the socio-ecological model as a framework, and utilize strategies that address the social determinants of health. Strong community partnerships are necessary for a comprehensive approach to the obesity epidemic. Local health departments can help broker and mobilize these partnerships. This work cannot be done in

isolation. 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 or requiring farmers markets to accept food stamps. Workplaces and schools play important roles in preventing obesity. Successful policy-level interventions include insurance incentives for company wellness policies; joint-use agreements between schools and community organizations; school legislation mandating healthier menus and physical education; and instituting procurement and comprehensive wellness policies in school districts, government facilities, and hospitals.

System Changes

Successful strategies focus on prevention and systems-level change. Lack of a systems approach often leads to misdirected priorities and failure to include all necessary partners. 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 need additional support and resources to continue to identify and act on successful strategies. Needs assessments and County Health Rankings or other accurate data sources can help local health departments to reflect on areas of high obesity rates to help them develop plans to address obesity.

The creation and sustainability of healthy places are 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."[19]

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, rising healthcare costs, declining quality of life, and loss of community vitality will persist as obesity continues to affect morbidity and mortality.

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Record of Action

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