

10-01

STATEMENT OF POLICY

Comprehensive 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 to underserved areas.
- The Food and Drug Administration (FDA) should expeditiously implement Section 4205 of the Affordable Care Act, which requires restaurants with 20 or more locations to post calorie content information for standard menu items directly on the menu and menu boards.¹
- The FDA should commence regulatory action to sharply lower the added-sugar content in soft drinks and similar beverages; encourage the beverage industry to voluntarily reduce sugar levels 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.
- Congress and/or local governments should require comprehensive menu labeling at the point of decision-making in chain restaurants.² Comprehensive menu labeling includes nutrition information, such as calories, fats (including trans fats), carbohydrates, and sodium, which is the information most critical to people with chronic diseases. Such nutrition information should be displayed clearly, uniformly, and in plain language across restaurants. The information should be available in multiple formats and languages to create an inclusive community approach to education.³
- Local governments should increase the number of potable water outlets in workplaces, schools, public spaces, and vending areas.
- Local governments should address the marketing and placement of sugar-sweetened beverages in supermarkets to reduce consumption of sugar-sweetened beverages.^{4,5,6}
- Local governments should address the reduction of consumption of 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 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.⁷
- Municipal planning should encourage bicycling and walking for transportation and recreation through improvements in the built environment and make transportation accessible to all ages and abilities.
- 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, development of tools, technical assistance, and other support.⁷
- 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 to school.
- 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 increase the availability of healthier beverage options.
- Local health departments should conduct needs assessments to determine the areas in their jurisdictions with the most prominent display and saturation of sugar-sweetened beverage marketing and promotion.
- Local health departments should work with partners to ensure that warning messages about the dangers of sugar-sweetened beverage consumption are distributed to all age groups and demographics with carefully tailored messages for low-income, marginalized, and medically underserved populations.
- 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, 66 percent of adults ages 20 years and over are overweight or obese.⁸ Over the past 30 years, obesity prevalence has more than doubled among children and adults and tripled among adolescents.⁹ Children and adolescents with disabilities are 38 percent more likely to be obese than their peers without disabilities, and adults with disabilities are 58 percent more likely to be obese than adults without disabilities.¹⁰ 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.⁹ Overweight children are likely to become overweight or obese adults.⁹ 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.¹¹

Preventable risk factors such as physical inactivity and poor diet have contributed to the obesity epidemic over time. Twenty-two percent of American adults indicate that they do not engage in any physical activity;¹² 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.¹³ Adults with disabilities are even less likely to engage in regular physical activity than their peers without disabilities.¹⁴ Many social and environmental factors influence the 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 2001.¹⁵ Sugar-sweetened beverages are the largest source of added sugars in the diet of U.S. youth.^{14, 15}

Sugar-sweetened beverages 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; some evidence also supports this relationship in adults.¹⁶ 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.¹⁷ 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.

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 and use the socio-ecological model as a framework. 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.”¹⁸

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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