

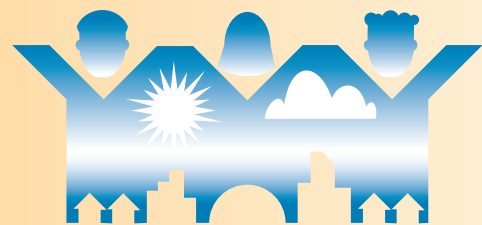


National League of Cities

Combating Childhood Obesity

Issue #8

Action Kit for Municipal Leaders



Institute for Youth, Education, and Families

Dear Municipal Leader:

This kit was created not just for you, but for the children, youth, and families in your community. It is based on the latest research and best practices from across the nation and offers a wide-ranging menu of opportunities for municipal leadership to make children, youth, and family issues a community-wide priority. Whether you are ready to launch a major initiative or are just getting started, the ideas in this kit will help you move forward.

NLC's ongoing series of action kits for municipal leaders, published by the Institute for Youth, Education, and Families, address each of the Institute's five core program areas: education and afterschool; youth development; early childhood success; the safety of children and youth; and family economic success. The goal is to give you and other municipal leaders throughout the country the ideas and the tools you need to take action on these all-important issues for the future of our cities and towns.

Mayors and city councilmembers across America know that our communities' success depends on the health and well-being of the nation's children, youth, and families. Now is the time to act on this knowledge. As a municipal leader, you have the ability to focus the attention of your community on the needs of children, youth, and families. Working with your colleagues in local government, you can strengthen municipal policies, support effective programs, and bring diverse partners to the table in order to make things happen.

NLC and its Institute for Youth, Education, and Families are eager to assist you in these vital efforts. We encourage you to use this action kit to get started, and we hope you will contact us whenever we might be of assistance. Institute staff are readily available to provide additional information about the strategies highlighted in each of the action kits and to help you identify steps that make sense for your community.

*Donald J. Borut
Executive Director
National League of Cities*

*Clifford M. Johnson, Executive Director
Institute for Youth, Education, and Families
National League of Cities*

About the National League of Cities:

The National League of Cities is the nation's oldest and largest organization devoted to strengthening and promoting cities as centers of opportunity, leadership and governance. NLC is a resource and advocate for more than 1,600 member cities and the 49 state municipal leagues, representing more than 218 million Americans.

About NLC's Institute for Youth, Education, and Families:

The Institute for Youth, Education, and Families, a special entity within the National League of Cities, helps municipal leaders take action on behalf of the children, youth, and families in their communities. NLC launched the Institute in January 2000 in recognition of the unique and influential roles that mayors, city councilmembers, and other local leaders can play in strengthening families and improving outcomes for children and youth.

As a national resource to cities and towns across America, the Institute provides guidance and assistance to municipal officials, compiles and disseminates information on promising strategies and best practices, builds networks of local officials working on similar issues and concerns, and highlights the importance of municipal leadership. NLC's Council on Youth, Education, and Families guides and oversees the Institute's work.



Why Cities Care About Childhood Obesity

Today, approximately nine million children over the age of six are considered obese. (1) Over the past 30 years, rates of childhood obesity have more than tripled among children ages 6 to 11. (2) In a recently published report, *Progress in Preventing Childhood Obesity: How Do We Measure Up?*, the Institute of Medicine warned of an obesity epidemic that is broad-based and widespread, "occurring among boys and girls throughout the United States, among younger children and adolescents, across all socioeconomic groups and among all racial/ethnic subpopulations." (3) However, the Institute also noted that "in several racial/ethnic groups and in low-income populations, the rates of obesity among children and youth are alarmingly high." For example, among black and Latino children, one child in every four is now classified as obese.

Obese children are increasingly developing serious medical conditions, such as type 2 diabetes — a condition associated with obesity that was once referred to as "adult onset" diabetes. Obese children also have a greater risk for developing health problems later in life, including heart attack, stroke, and hypertension. In addition, they face mental health risks, as teasing about weight and personal appearance may lead to isolation and depression. Most alarmingly, health experts have warned that increasing rates of obesity, unhealthy eating habits, and physical inactivity may make this generation of

children the first in American history that will be less healthy and have a shorter life expectancy than their parents.

The rise in obesity has been fueled by many factors. Limited access to affordable, healthy foods, land use decisions that discourage physical activity, greater reliance upon fast foods, cutbacks in physical education by schools, and increased television, computer, and video game use are among the changes that have contributed to the escalation of childhood obesity rates.

Ninety-two percent of all Americans surveyed by the Robert Wood Johnson Foundation and the Harvard School of Public Health consider childhood obesity to be a serious national problem. The National Institutes of Health have estimated that increases in childhood obesity will cost families, businesses, and governments nearly \$100 billion per year in future health costs alone.

If unchecked, the growing problem of childhood obesity will undermine the long-term health and economic vitality of every community in America. By promoting active living and healthy eating in schools and communities across the country, mayors, city councilmembers, and other municipal leaders can take practical steps now to help reverse the epidemic.

What Municipal Leaders Can Do

Municipal leadership is essential to developing and sustaining effective interventions that promote physical activity, access to healthy foods, and healthy eating among children and youth. While mayors and city councilmembers are not public health officials, they are well positioned to play important roles in the fight against childhood obesity.

Changes in city policies (e.g., in areas such as land use and parks and recreation programming) can serve as the centerpiece for community-wide efforts to promote regular exercise and good nutrition. Other gains can be achieved when municipal leaders use their positions to educate the public about the threat that obesity poses to children's health, and then frame an agenda for progress. This action kit highlights how cities and towns can curb the rise of childhood obesity and improve the health of our next generation, focusing on opportunities for action in five major areas:

❖ *Forging partnerships with schools.*

Municipal leaders can join with school district officials to develop and implement school wellness plans, which the federal government now requires for all schools receiving federal funds for school meal programs. Leaders can also build public support for nutritional improvements within schools and reach agreements with school leaders to expand access to athletic fields and recreational facilities.

❖ *Making the most of out-of-school time.*

City officials can develop or urge the adoption of quality standards that ensure nutritious snacks or meals and daily physical activity. Promising

strategies include partnerships between city parks and recreation departments and afterschool providers, and efforts to ensure that local afterschool programs receive federal child nutrition funds.

❖ *Promoting access to nutritious foods.*

Mayors and city councilmembers can promote both local economic development as well as healthy eating by working to attract supermarkets to underserved neighborhoods. Local food policy councils can help city leaders identify and pursue other promising strategies, including support for farmers' markets and development of community gardens.

❖ *Utilizing parks and recreation.*

Nearly every city or town has a parks and recreation department. By sponsoring free or low-cost programs that encourage physical activity and serve healthy foods, municipal officials can reinforce important community-wide messages. Targeted investments to expand parks and recreational facilities in low-income neighborhoods can also advance the fight against childhood obesity.

❖ *Reshaping the physical environment.*

Municipal governments play a central role in local land use decisions. City leaders can use their authority to ensure the safety and accessibility of walking and biking routes, create pedestrian-friendly zoning codes, and adopt traffic-calming measures that keep children safe while engaged in physical activity.

Reaching High-Risk Populations

Effective city initiatives to combat childhood obesity engage all segments of the community and recognize the benefits of promoting healthy eating and physical activity for every child. Municipal leaders can build a solid foundation for future progress by identifying local assets and resources, assessing needs, and reaching out to key stakeholders and potential partners. Schools, health and social service agencies, faith-based organizations, neighborhood groups, and youth and families themselves all have roles to play in developing local action plans that respond to the obesity epidemic.

At the same time, community-wide efforts to prevent childhood obesity are unlikely to reach their goals unless they include special interventions for high-risk populations, particularly minority and low-income children. Concerns about children's safety, social isolation, lack of healthy role models, and limited access to healthy foods and opportunities for regular physical activity all pose potential barriers to developing healthier lifestyles among these groups.

Helping children who have an increased risk for obesity means thinking about the circumstances that cause them to get less exercise and eat less nutritious foods, and then developing strategies to address each of these factors.

One way for city leaders to start is by focusing on the built environment and the safety of neighborhoods – two areas in which municipal governments play

leading roles. Researchers have found that the level of physical activity among children is directly related to the design and quality of the neighborhoods in which they live. Mayors and other city officials can encourage children to be more active by building more parks and playgrounds in underserved areas while also taking steps to reduce the crime and violence that lead many parents in low-income neighborhoods to keep their children indoors.

In other areas, such as access to healthy foods and community education regarding nutritional choices, municipal leadership can amplify and reinforce steps taken at national and regional levels. Promoting participation in the federal food stamp and child nutrition programs helps to ensure that low-income families can afford to maintain healthy diets for their children. Bringing supermarkets and farmers' markets into poor neighborhoods can expand the availability of fresh fruits and vegetables at reasonable prices. Partnerships with schools in those neighborhoods can improve the nutritional value of foods offered during the school day while also raising awareness among students and parents of the importance of healthy eating and physical activity.

"The communities themselves need to involve all segments of the local population in developing both community-wide interventions and those that focus on high-risk populations," concludes the Institute of Medicine. "Fostering and sustaining grassroots participation by the citizens most affected by the problem is key to building effective coalitions and programs for high-risk populations."

Strong partnerships with schools are a key element of citywide efforts to combat childhood obesity, providing ways to reach both students and their parents. Although municipal leaders typically do not have direct authority over school districts, mayors and city councilmembers can work collaboratively with superintendents, school board members, and school administrators to improve food options and promote physical activity. Promising partnership opportunities in these areas include:

Help strengthen and implement school wellness plans.

All school districts participating in the federal school lunch or breakfast programs are now required to develop and implement school wellness plans that address nutrition and physical activity. While schools were required to have initial plans in place by the start of the 2006-07 school year, much work remains to refine and implement the plans in future years. Municipal leaders can reach out to their school counterparts to offer help, and in the process begin more detailed city-school discussions about common goals related to healthy eating and physical activity, as well as collaborative efforts to achieve them.

In St. Petersburg, Fla., Mayor Rick Baker pledged to locate a public playground within one half mile of every resident in the city as part of a 'Play 'n' Close to Home' program. A key part of the city's strategy has been to develop joint use agreements with the Pinellas County School Board which removed longstanding barriers – such as concerns about legal liability, insurance, maintenance, security, and vandalism – to public use of elementary school playgrounds during non-school hours. With substantial new investments in play equipment, the city has opened 14 new playgrounds under the program since 2004, including seven at local elementary schools.

Build public support for school initiatives to improve nutrition.

Attempts by school leaders to change children's eating behaviors and encourage them to become more physically active sometimes elicit resistance from parents and students. As prominent public officials, mayors and city councilmembers are uniquely positioned to build public support for school initiatives that promote healthy eating, including efforts to overhaul school lunch and breakfast menus and improve offerings in school vending machines. City leaders can also support the efforts of school administrators by endorsing land use policies that discourage the siting of fast food establishments near school grounds. All of these steps help to educate parents and the larger community about the problem of childhood obesity and the importance of eating healthy foods.

Expand access to athletic fields and recreational facilities.

Joint use agreements between municipalities and school districts provide a common-sense way to promote physical activity among children and youth. Such agreements can help transform schools into centers of community, and they often yield significant budget savings over time. City leaders can work with school officials to expand access to school facilities during non-school hours, negotiating terms for sharing costs and addressing staffing and liability concerns. Similarly, mayors and other municipal officials can make city-owned recreational facilities available for school use when feasible.

Afterschool programs offer a great opportunity to influence children's eating behaviors and promote more active lifestyles. Research suggests that children who participate in afterschool programs are less likely to be obese and more likely to have higher levels of self-esteem. Municipal leaders can take the following steps to expand access to nutritious meals and snacks while also keeping young people active during non-school hours:

Promote quality standards for afterschool programs.

Whether imposed as a condition of receiving city afterschool funding or created through voluntary partnerships with schools, churches, and community-based agencies, quality standards can help afterschool programs meet the full range of children's needs. Many mayors and city councilmembers have played key roles in the creation and adoption of such standards in their communities. Using quality standards as a lever, city officials can work to ensure that afterschool providers will serve healthy foods and give students opportunities to learn about good nutrition. Quality standards can also promote physical activity, including sports and fitness programs, as an integral part of the afterschool curriculum.

Build new partnerships to encourage physical activity.

Access to athletic or recreational facilities enables afterschool programs to offer a broader array of activities that promote

In Somerville, Mass., the city's health department has worked in partnership with afterschool programs to promote healthy eating and physical activity. As a result of the city's efforts, all 15 of the afterschool programs in Somerville are using a new curriculum called "The HEAT Club" (Health Eating and Active Time), which focuses on preparing healthy foods and becoming more physically active. Pilot program sites also received cooking and physical activity equipment, and afterschool program leaders were taught yoga, dance, and soccer skills.

active living. Municipal leaders can help expand such access by instructing their parks and recreation officials to identify ways to utilize more fully city parks, athletic fields, and community centers during afterschool hours. They can also reach out to groups already engaged in organized sports or exercise – ranging from the local YMCA to walking clubs and privately-owned gyms or health clubs – to discuss creative ways to help keep youth active and physically fit.

Encourage participation in federal child nutrition programs.

Cost is one of the most common reasons afterschool programs fail to offer nutritious snacks and meals — many processed foods with high sugar and fat content are less expensive than fresh fruits, vegetables, and other healthy options. Municipal leaders can help afterschool programs manage tight budgets and promote healthy eating by encouraging them to participate in the federal child and adult care food program. Afterschool programs can be reimbursed for snacks (and, in some cases, suppers) if they are operated by a public or nonprofit agency and if they are located in low-income neighborhoods or serve predominantly low-income children.

Highlight innovative programs.

Public recognition of afterschool programs that are tackling the childhood obesity problem can raise awareness and understanding throughout the community while motivating other providers to take action. By visiting innovative programs and showcasing them in local media events, mayors and other city leaders can give a major boost to afterschool initiatives that encourage physical activity and good nutrition.

Cities are well positioned to lead and support initiatives that offer local residents better access to healthy foods. Mayors and other municipal leaders can adopt practical measures that make fresh produce and other nutritious foods more available to low-income residents, while also prompting a thorough examination of key policy issues. Steps to consider include:

Establish formal advisory committees to expand access to healthy foods.

Food policy councils composed of public, private, and non-profit leaders can be very effective in studying local problems and developing recommendations for improving access to healthy foods. Advisory committees in a number of cities, including Hartford, Conn., and San Francisco, have tackled issues ranging from land use planning and location of supermarkets to farmers' markets and municipal food purchasing policies.

Attract supermarkets to underserved, low-income neighborhoods.

In many cases, evidence demonstrates that the aggregate purchasing power of local residents would support successful enterprises, yet full-service supermarkets are less likely to be located in lower-income neighborhoods. Mayors and other city leaders can attract larger supermarkets into underserved communities by making the economic case to national grocery chains and exploring the use of appropriate incentives for new development and construction. In Madison, Wis., a report commissioned by the mayor put the issue on the city's agenda and led to the opening of two new grocery stores in underserved areas.

Engage local grocery stores and restaurants.

In the absence of larger supermarkets, residents often shop and eat at smaller community grocery stores and restaurants offering only a limited range of food choices that are both healthy and affordable. Municipal officials can encourage these establishments to consider healthier food options by publicly recog-

nizing their efforts (e.g., through a city awards program) and by also appealing to their neighborhood roots and connections to the local community.

Support farmers' markets that sell fresh fruits and vegetables.

If located in proximity to low-income neighborhoods, farmers' markets can bring fresh, locally grown produce to underserved populations, generate revenue for local vendors, and help build a greater sense of community among local residents. Mayors and city councilmembers can foster such markets by helping to identify public spaces in which they can operate, ensuring that they accept food stamp benefit cards and are accessible by public transit, and by supporting local non-profits that organize or sponsor the markets.

Develop community gardens.

Community gardens typically give residents access to small plots of land where they can grow their own fruits and vegetables. Municipal leaders can champion the development of community gardens – even in densely populated neighborhoods – by identifying and converting vacant city-owned land or unused parking lots. Gardening programs can be organized by neighborhood groups, local non-profit organizations, or municipal agencies. In Seattle, for example, the city's department of neighborhoods collaborates with a non-profit called P-Patch Trust and provides community garden space for residents of 44 different neighborhoods.

CitySeed is a farmers' market collaborative founded in 2004 through a partnership with the City of New Haven, Conn., which allows markets to operate during the spring and summer in four city parks. The city's traffic department subsequently added one of the markets to the route of its free, downtown trolley, thereby making it accessible to a greater number of residents. The markets accept electronic benefit cards for food stamps as well as WIC nutritional coupons provided to pregnant women and mothers with young children. CitySeed's four markets had an estimated local economic impact on the region of over \$1 million in 2005.

Public parks and recreation facilities and programs provide a myriad of low-cost opportunities to encourage physical activity. All but the smallest municipalities utilize a parks and recreation department to maintain public spaces, provide neighborhood meeting places, and organize or run recreational programs. Building upon this capacity within city government, mayors and other city leaders often can identify changes in current policies or practices that would help reverse the epidemic of childhood obesity. Here are some of the ways that cities can make use of their parks and recreation departments in this effort:

Sponsor free or low-cost programs that encourage physical activity.

Because of their role as community centers, most parks and recreation departments are in a unique position to reach a large number of children in the community with physical activity opportunities. Parks and recreation programs provide a safe, accessible environment for children of all ages and skill sets. Municipal officials can work to make sure that parks and recreation departments offer low-cost programs such as sports leagues or clubs or to subsidize the cost of physical activities, with particular emphasis on offerings in low-income neighborhoods.

Expand parks and recreation facilities in underserved neighborhoods.

Parks and recreation departments have an important role to play in targeting populations at greater risk of childhood obesity. City leaders can expand parks and recreation facilities and programs for low-income or minority populations by choosing key neighborhoods for service. In Long Beach, Calif., the health and human services department partners with the parks and recreation department at four sites to provide specialized services for underserved neighborhoods. Each location has a slightly different approach and focus, tailored to the neighborhood it serves.

Build bridges to other agencies and community groups.

In order to make the programming of the parks and recreation department stronger, partnering with other city agencies and community groups is the likely first step. Partnerships across departments not only reach a larger portion of the community but also

allow for a comprehensive approach to promoting physical activity. In Norwalk, Conn., the “Norwalker” program illustrates this collaborative approach: the parks and recreation department helps provide walking paths and some advertising; the health department advertises and runs the program; and the mayor’s office promotes the program across the city.

Ensure that city recreation programs serve nutritious foods.

Municipal agencies that operate afterschool and summer programs can have a direct impact on children’s eating habits by serving nutritious snacks and meals. To take advantage of these opportunities, the parks and recreation department in Tracy, Calif., has created the “Healthy Habits” initiative. The goal of Healthy Habits is to instill healthy eating and physical fitness habits into parks and recreation programs and activities. As part of the nutrition component, children are given daily snacks that are low in fat and sodium, and high in fiber and protein — a change from the previous high-calorie snacks offered.

Require action by youth programs receiving city funding.

In addition to operating their own programs, many parks and recreation departments award grants to community-based organizations in support of afterschool and summer activities. Cities can mandate that these grant recipients take steps to promote physical activity and healthy eating among the children and youth they serve. For example, the Houston parks and recreation department requires programs operated at its facilities to provide at least one hour of physical activity each day to participants.

In Rockville, Md., the parks and recreation department has created a community-wide walking program, utilizing 14 walking paths created around or through local schools, businesses, parks, and neighborhoods. These routes are one to two miles in length, and printed maps are available online and at various city facilities. Participants are eligible for awards for the most steps walked if they keep track of their steps using a pedometer. Municipalities as diverse as Fort Worth, Texas, Grand Rapids, Mich., Mansfield, Conn., and Cambridge, Mass., also offer walking programs.

In many cities and towns, community design and transportation choices leave children and youth with few opportunities to walk or bike safely. Lack of sidewalks in residential neighborhoods and bicycle lanes on major thoroughfares represent major obstacles to active lifestyles. Land use decisions that discourage mixed-use developments also force more residents into their cars when traveling to school, work, and shops or restaurants.

Municipal leaders can use their influence and authority in areas such as land use planning, zoning, and street and sidewalk improvements to eliminate barriers to walking and biking and encourage residents to be more physically active. Promising strategies for reshaping the physical environment include:

Identify conditions that impede walking and biking.

Many different aspects of a community's design and traffic patterns can discourage children, youth, and their parents from hopping on bikes or setting off on foot for nearby destinations. Municipal leaders can enlist the help of local residents in identifying problem areas that need special attention. In Orlando, Fla., the city used volunteers to conduct a walking survey of downtown streets, "mapping" the area to determine whether changes were needed to assist walkers and bikers.

Build walking trails, bike paths, and pedestrian malls.

All of these options encourage children as well as adults to make physical activity a part of their daily lives. Mayors and other city leaders can establish walkability and bikeability as key goals when undertaking new transportation projects, redeveloping downtown neighborhoods, or opening up publicly-owned land for recreational uses. By revising the city's master plan and reviewing zoning policies, municipal officials also can make a powerful statement about the long-term importance of walking and biking to the health of the entire community.

Create safe routes to school for students.

While traffic and safety concerns are not the only reasons fewer children are walking or riding their bikes to school, they undoubtedly constrain these opportunities for regular physical activity. Cities can respond to these concerns by creating initiatives that establish safe routes to school (such as the "walking school bus" initiative endorsed by the city council in Shawnee, Kan.) and by promoting collaboration among city planners, school officials, public health agencies, and police officers. Mayors and other city leaders can also advocate for

siting of schools within the neighborhoods they serve rather than on the outskirts of their communities, increasing their accessibility by foot or bike while also helping to preserve schools as centers of community.

Adopt traffic-calming strategies to enhance child safety.

Walking or biking in local neighborhoods offers an easy way for children to be physically active. In some communities, however, high traffic volume or driving speeds pose serious threats to the safety of young people who walk or bike on city streets. Mayors and city councilmembers can improve the environment for pedestrians and bicyclists of all ages by adopting traffic-calming solutions that reduce traffic volume and lower speed limits on neighborhood streets. Use of roundabouts, speed bumps, and raised crosswalks, as well as steps to reduce street size and improve street and sidewalk conditions (e.g., through better lighting and safety phones), are all effective strategies that can make a lasting difference.

Use "form-based" zoning codes to promote active living.

A form-based code envisions and encourages specific physical outcomes or attributes in a region, community, block, and/or building. Because a community's physical form (i.e., its buildings, streets, and public spaces) is often its most defining characteristic, strategic use of form-based codes can have a significant impact on the lifestyles – including levels of physical activity – of its residents. A growing number of cities are using form-based codes as an alternative to conventional zoning codes, finding them more useful in fostering or creating a specific type of "place" such as pedestrian-friendly, mixed-use developments.

In New York City, community advocates came together with key city agencies to create a small pocket park out of an unsafe traffic intersection. The Paterno Trivium now lies in a space that once accommodated three busy streets in the Hudson Heights neighborhood. The streets were not only unsafe for children and seniors, but they also discouraged physical activity and walkability. The citizens of the community formed a committee which then worked with the parks and recreation and transportation departments to transform the area. The Paterno Trivium now serves both as a traffic-calming strategy as well as a greenspace that increases pedestrian safety with curb ramps and clearly marked crosswalks.

Cities and towns across America are taking action to combat childhood obesity. When getting started, some municipal leaders understandably focus on basic steps to raise public awareness and encourage residents to adopt healthier lifestyles. A key challenge, however, is to move beyond a focus on individual behavior and achieve more far-reaching changes in policies and environmental factors that shape individual choices. In communities large and small, mayors and other city officials are responding to this challenge by reshaping land use and transportation plans, expanding access to healthy foods, and ensuring that schools, afterschool programs, and parks and recreation departments are promoting physical activity and healthy eating among children and youth.

Fontana, California: Healthy Fontana (Pop. 163,860)

Healthy Fontana, run by the city's community services department, encourages residents to make healthier food and physical activity choices. The program was established by a local councilwoman who worked with the mayor to engage local businesses and community partners, such as hospitals, restaurants, and grocery stores. Residents who sign up for the program are issued Healthy Fontana Passports, which offer information about diet, exercise programs, diabetes management, and a list of local restaurants and grocery stores participating in the program. Healthy Fontana also offers a walking club and a healthy cooking class, and features web sites in English and Spanish.

Grand Rapids, Michigan: Golden Shoe Program (Pop. 193,780)

The Golden Shoe program is a year-long walking campaign that encourages the Greater Grand Rapids community to increase physical activity while discovering neighborhoods and shopping districts. It was developed by PROJECT TAKEOFF, a Kent County coalition of community partners united in preventing obesity and promoting health. Golden Shoe maps highlight notable landmarks and areas of interest in Grand Rapids. To encourage participation, Golden Shoe participants who fill out an entry form on the maps are eligible to win wellness baskets worth up to \$500. Walkers also search for hidden "golden shoes" that enable them to win a free pair of \$80 athletic shoes at a local sports store. The program has a list of monthly activities, and announcements are made on radio and television talk shows, and in PSAs, magazines, newspapers, and staff newsletters.

Hartford, Connecticut: Food Policy Commission (Pop. 124,397)

In 1991, the Hartford City Council established the Hartford Advisory Commission on Food Policy to address hunger and

food security, particularly among low-income residents. The Commission brings together community stakeholders to assess key food issues, and works to ensure that all Hartford residents have access to fresh, affordable, and nutritious foods. The Commission, which meets once a month, advises the city council and the mayor, researches the availability and quality of food in the city, and monitors the city's food distribution programs.

Long Beach, California: HealthyActive Long Beach (Pop. 474,014)

Long Beach officials have taken concrete steps to address childhood obesity. Through the department of health and human services, the city's Healthy Active Long Beach (HALB) initiative provides free activities such as nutrition classes for children ages 4 to 11, healthy cooking demonstrations, trainings for health service providers, and food stamp outreach at local farmers' markets. HALB and the parks and recreation department provide qualifying activities as determined by the larger program (sites must include nutrition education) at four park sites spread around the city. Each location has a different focus depending on who it serves demographically. Some sites offer cooking demonstrations, afterschool programs, presentations, farmers' market tours, and food stamp guidance.

Nashville, Tennessee: HealthyNashville 2010 (Pop. 575,261)

Healthy Nashville 2010 is a strategic planning process created to improve the health status and quality of life for residents of Nashville. The process is run by the metro public health department and guided by the Healthy Nashville Leadership Council, whose 18 members are appointed through an executive order from the mayor to reflect both expertise and diversity. Healthy Nashville 2010 uses an approach called "Mobilizing for Action through Planning and Partnerships" (MAPP), a tool created by the National Association of County and City Health Officials that helps communities prioritize public health issues and identify resources for addressing them. Under this approach, the Leadership Council has conducted surveys to assess important problems, health services infrastructure, quality of life, and health status and threats. Based on these assessments, the Council has been vocal on issues such as school vending machines, physical activity, use of sidewalks, and safer street conditions.



Norwalk, Connecticut: Become a NorWALKER (Pop. 84,437)

Become a NorWALKER is a community walking program that stemmed from a citywide community health assessment funded by the Healthy Norwalk Partnership (City of Norwalk health department, Norwalk Hospital, Norwalk/Wilton United Way, and Norwalk Community Health Center). Based on assessment data, the city formed a workgroup to promote physical activity and nutrition by eliminating barriers of time, cost, and location. The city worked with neighborhood associations to develop maps encouraging people to walk in their neighborhood. Some maps included information on local historical sites while others described environmental features. A social marketing campaign was developed to promote physical activity and use of the maps, and community-wide advertising efforts put forth a consistent message to take action. Maps were made available at locations throughout the city and online at www.norwalkhealth.com/walkingroutes. By partnering with the local YMCA, the city also made it possible for NorWALKER participants to keep up their walking regimen indoors during inclement weather.

Portland, Oregon: Food Policy Council (Pop. 533,427)

The Food Policy Council is a citizen-based advisory council to the City of Portland and Multnomah County. The Council brings citizens and professionals from the region together to address issues regarding food access, land use planning issues, local food purchasing plans, and many other policy initiatives affecting the regional food system. The mission of the Council is to have a diverse array of stakeholders integrate the aspects of the food system (production, distribution, access, consumption, processing, and recycling) in order to enhance environmental, economic, social, and nutritional health in Portland and Multnomah County.

Salisbury, New York: Parks and Recreation Focus on Childhood Obesity (Pop. 1,936)

The Salisbury parks and recreation department has made childhood obesity a main focus of its programming. "By encouraging children to visit our facilities, we hope to create awareness for our numerous athletic programs and recreational events while promoting fitness and encouraging healthy lifestyles," said community relations manager Karen Wilkinson. The department has created junior basketball leagues and other classes, indoor walking paths, and a year-round greenway system for children ages 5 to 12. The school system has been pivotal in generating involvement in the classes. Staff offer free "activity-producing" prizes, such as basketballs, bikes, hula hoops, and sports baskets to encourage continued participation.

Santa Monica, California: Physical Activities that Curb Childhood Obesity (Pop. 87,800)

The City of Santa Monica offers many opportunities for children to engage in physical activity, including youth sports training, league play, afterschool programs, and enrichment classes such as yoga and dance. The department of human services and the Santa Monica Health Clinic will partner to address obesity in youth from lower-income families by expanding, adding new playground equipment to, and providing classes at an existing park. The city also rehabilitated the Virginia Avenue Park Fitness Gym, which offers activities for youth, such as a Police Activities League, in which police volunteer each week. In addition, the city brokered a joint use agreement with a local college for community use of an aquatic center on campus. Finally, the department of community programs offers physical activity classes at community centers for a nominal fee.

Somerville, Massachusetts: Shape Up Somerville (Pop. 74, 963)

Shape Up Somerville began as a project through Tufts University that focused on students in grades 1-3. The city health department's Shape Up Somerville Task Force now runs it as a citywide campaign to increase opportunities for physical activity and healthy eating. The mayor's office has supported the campaign by creating a Pedestrian Safety Task Force and policy incentives for healthy activities. Shape Up Somerville also works closely with local schools, launching a Safe Routes to School program that featured safety maps for each school on the city web site. Finally, the city has created community gardens and a healthy restaurant campaign, and is now concentrating its efforts in immigrant communities.

Tulsa, Oklahoma: Mayors' Fitness Challenge and FitFest (Pop. 382,457)

The Mayors' Fitness Challenge is a joint effort between two of Oklahoma's largest metropolitan areas, Tulsa and Oklahoma City, to encourage residents to get fit and healthy for life. OK FitFest is a one-day fun and educational event highlighting health and nutrition. With support from the mayor, the Tulsa park and recreation department provides the staffing, location, and most of the equipment. Interactive booths are set up to measure body fat, check cholesterol, and demonstrate Pilates, among other activities. Participants also can learn more about upcoming races, bike rides, and walks in Tulsa. FitFest takes place at parks and generates public awareness with the support of the local radio station, which provides an emcee for the event, and celebrity athletes who sign autographs.

The number of obese children in the United States has been dramatically increasing for many years, and the health consequences are readily apparent. Obese children are at a higher risk than their normal-weight peers for developing type 2 diabetes, hypertension, high cholesterol, sleep apnea and orthopedic problems. (4) Worse, these conditions are likely to follow children into adulthood. Studies have shown that, without proper intervention, an obese child has up to an 80 percent chance of becoming an obese adult. (5)

Many factors have fueled the childhood obesity epidemic. Children are eating more foods and consuming more beverages that are high in calories, fats and sugars, but low in nutritional value. At the same time, many children do not engage in regular physical activity. The imbalance that occurs when too much energy is consumed in the form of calories and too little energy is expended through physical activity results in a higher body weight and a rising prevalence of obesity in children across the nation.

Contributing Factors

Children living in families with low incomes and/or non-working parents are more likely than their peers to be obese. (6)

The majority of children do not consume a healthy, balanced diet. Only two percent of school-aged children consume the recommended daily number of servings from all five major food groups, and only 30 percent consume the suggested amount of milk. (7, 8)

In 1977 and 1978, children ages 6 to 11 drank about four times as much milk as soda. In 2001 and 2002, children in this age group consumed about the same amounts of milk and soda. (9)

Nearly 23 percent of children and nearly 40 percent of adults get no free-time physical activity at all. (10)

According to a national study, 92 percent of elementary schools do not provide daily physical education classes for all students throughout the entire school year. (11)

Six out of 10 children ages 9 to 13 do not participate in any kind of organized sports or physical activity program outside of school, and children whose parents have lower incomes and education levels are even less active. (12)

American children spend about 44.5 hours per week using various forms of electronic media outside of school. (13)

Estimates show that more than \$10 billion per year is spent for all types of food and beverage marketing to children and youth in America. (14)

Health Consequences

Due to the rise in obesity, type 2 diabetes, once believed to be a disease that affected only adults, has increased dramatically in children and adolescents.

Childhood obesity also is associated with increased risk of high blood pressure, trouble with bones and joints, sleep disorders, asthma, and self-esteem problems.

Annual obesity-associated hospital costs for children more than tripled between 1979 and 1999. (15)

Focus on Minorities and Childhood Obesity

Data from the Centers for Disease Control and Prevention show that 25.6 per-

cent of Mexican-American boys are overweight compared with 16.8 percent of all Hispanic/Latino boys and 14.8 percent of African-American boys. (16)

Among minority girls, 23.2 percent of African-Americans, 18.3 percent of Mexican-Americans, and 15 percent of all Hispanic/Latina girls are overweight. (17)

Communities with higher percentages of African-American residents tend to have fewer options for physical activity, including available parks and green spaces, places to play sports, and public pools and beaches. (18)

A 2002 study of more than 200 neighborhoods found that there are four times as many supermarkets in predominantly white neighborhoods as there are in predominantly African-American ones. (19)

Endnotes

- 1.) Liverman, Catharyn T., Jeffrey P. Koplan, and Vivica I. Kraak, eds. *Preventing Childhood Obesity: Health in the Balance*. Washington: National Academies Press, 2005.
- 2.) Institute of Medicine of the National Academies. "Childhood Obesity in the United States: Facts and Figures," Washington, D.C., The National Academies Press, September 2004. <<http://www.iom.edu/Object.File/Master/22/606/0.pdf>>.
- 3.) Institute of Medicine of the National Academies. "Progress in Preventing Childhood Obesity: How Do We Measure Up?," Washington, D.C., The National Academies Press, 2006. <<http://newton.nap.edu/catalog/11722.html>>. Report Brief: <http://www.iom.edu/Object.File/Master/36/984/11722_reportbrief.pdf>.
- 4.) Institute of Medicine of the National Academies. "Childhood Obesity in the United States: Facts and Figures," *op. cit.*
- 5.) McAllister, Rallie. "Why Are Our Kids Overweight?" *Web MD*. 2006. 13 Oct. 2006 <<http://www.webmd.com/content/pages/18/101908.htm>>.
- 6.) "Causes." *American Obesity Association*. 2 May 2005. 13 Oct. 2006 <<http://www.obesity.org/subs/childhood/causes.shtml>>.
- 7.) United States Department of Agriculture, Food and Nutrition Service, Office of Analysis, Nutrition and Evaluation. Phil Gleason and Carol Sutor, *Children's Diets in the Mid 1990s: Dietary Intake and Its Relationship with School Meal Participation*. Alexandria, Va.: Government Printing Office, 2001.
- 8.) United States Department of Agriculture. *Continuing Survey of Food Intakes for Individuals 1994-1996*. 1997. 13 Oct. 2006 <<http://www.fns.usda.gov/oane/MENU/Published/CNP/FILES/Changes.pdf>>.
- 9.) United States Department of Agriculture. "National Food Consumption Survey." *National Health and Nutrition Examination Survey*. Washington: GPO, 2001-2002.
- 10.) Duke, J., and M. Huhman. "Physical Activity Levels Among Children Aged 9-13 United States 2002." *Morbidity and Mortality Weekly Report* 52.33 (Aug. 2003): 785-788. Centers for Disease Control and Prevention, 13 Oct. 2006 <<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5233a1.htm>>.
- 11.) Brener, N. D., et al. "School Health Policies and Programs Study 2000." *Journal of School Health* 71 (2001): 294-304.
- 12.) Duke and Huhman, *op. cit.*
- 13.) Roberts, Donald F., Ulla G. Foehr, and Victoria Rideout. *Generation M: Media in the Lives of 8-18 Year Olds*. Menlo Park: Kaiser Family Foundation, 2005. *Kaiser Family Foundation*. 13 Oct. 2006 <<http://www.kff.org/entmedia/upload/Generation-M-Media-in-the-Lives-of-8-18-Year-olds-Report.pdf>>.
- 14.) Committee On Food Marketing and The Diets of Children and Youth. *Food Marketing To Children and Youth: Threat or Opportunity*. Ed. J. Michael McGinnis, Jennifer Appleton Gootman, and Vivica I. Kraak. Washington: Institute of Medicine of The National Academies, 2005.
- 15.) Wang, Dietz G. "Economic Burden of Obesity in Youths Aged 5 To 17 Years." *Pediatrics* 109.5 (2002): E81-E86.
- 16.) United States Centers for Disease Control and Prevention, National Center for Health Statistics. *National Health and Nutrition Examination 2004*. 2004. 13 Oct. 2006 <http://www.cdc.gov/nchs/about/major/nhanes/nhanes2003-2004/nhanes03_04.htm>.
- 17.) *Ibid.*
- 18.) Powell, L. M., S. Slater, and F. J. Chaloupka. "The Relationship Between Physical Activity Settings and Race, Ethnicity, and Socioeconomic Status." *Evidence-Based Preventive Medicine* 1.2 (2004): 135-44.
- 19.) Morland, K., et al. "Neighborhood Characteristic Associated With the Location of Food Stores and Food Service Places." *American Journal of Preventative Medicine* 1 (2002): 23-29.



Resources:

Action for Healthy Kids (AFHK) was created to address the childhood obesity epidemic by focusing on changes at school. AFHK works to: improve children's eating habits by increasing access to nutritious foods and integrating nutrition education into school curricula; increase children's physical activity by adding or improving physical education courses, recess, afterschool programs, and co-curricular programs; and educate administrators, teachers, students, and parents about how nutrition and physical activity impact health and academic performance. www.actionforhealthykids.org

Active Living Leadership is a partnership established by the Robert Wood Johnson Foundation (RWJF) to help state and local government leaders create and promote policies, programs, and places that enable active living. The NLC's Institute for Youth, Education, and Families, is a participant in Active Living Leadership, along with nine other major national organizations representing local, county, and state officials. www.activelivingleadership.org

The Afterschool Alliance is a nonprofit organization dedicated to raising awareness of the importance of afterschool programs and advocating for quality, affordable programs for all children. The Alliance has taken a particular interest in advocating for afterschool programs that address the childhood obesity epidemic by increasing physical activities in their curricula and improving healthy nutritious choices in their programs. The Afterschool Alliance is supported by a group of public, private, and nonprofit organizations that share the Alliance's vision of ensuring that all children have access to afterschool programs by 2010. www.afterschoolalliance.org

The Alliance for a Healthier Generation is a joint initiative of the William J. Clinton Foundation and the American Heart Association, and was formed in May 2005 to address the issues that contribute to childhood obesity and to inspire all young Americans to develop lifelong healthy habits. The Alliance for a Healthier Generation focuses on four areas: the food industry, schools, healthcare, and the "By kids, For kids" movement which mobilizes kids to take charge of their own health. www.clintonfoundation.org

The Centers for Disease Control and Prevention (CDC) is the nation's premiere health promotion, prevention and preparedness agency and a global leader in public health. The CDC's Division of Adolescent and School Health supports the development and implementation of effective policies and programs that address childhood obesity. Statistics, policy guidance, and program examples can be found on the CDC website. www.cdc.gov

The Food Research and Action Center (FRAC) is a leading national organization working to improve public policies to eradicate hunger and undernutrition in the United States. FRAC has taken a particular interest in

city efforts to provide healthy meals and snacks to children in child care, before-school, and afterschool programs. www.frac.org

The Local Government Commission (LGC) is a nonprofit, nonpartisan, membership organization that provides technical assistance and networking to local elected officials and other community leaders who are working to create healthy, walkable, and resource-efficient communities. LGC assists local governments in developing and implementing policies and programs that help establish these key elements by facilitating conferences, producing guidebooks, and providing an extensive resource library. www.lgc.org

The National Recreation and Park Association advocates for the importance of thriving, local park systems that create and sustain opportunities for all Americans to lead healthy, active lifestyles and that lead to the preservation of great community places. www.nrpa.org

The Robert Wood Johnson Foundation (RWJF) is the nation's largest philanthropy devoted exclusively to health and health care. RWJF is committed to reversing the prevalence trend by promoting healthy eating and physical activity in schools and communities throughout the nation. RWJF places special emphasis on reaching the children at greatest risk: African-American, Hispanic, Native American, and Asian/Pacific Islander children living in low-income communities. www.rwjf.org

The Safe Routes to School National Partnership is a fast-growing network of non-profit organizations, government agencies, and professional groups that are working to get more children bicycling and walking to schools on an everyday basis. www.bikesbelong.org

Shaping America's Youth provides a national forum for organizations, programs, and individuals who are committed to improving the physical activity levels and nutrition of infants, children, and adolescents. This partnership has established a web portal providing open access to a current national database; promotes local, regional, and national dialogues and common language across all sectors; guides the creation of a national action plan; and advocates for collaboration, coordination, and documentation of national standards for programs and initiatives addressing the obesity crisis. www.shapingamericasyouth.org

The YMCA is the largest not-for-profit community service organization in America. YMCAs around the country are partnering with local officials to take more intentional steps to promote healthy behavior and increase physical activity among children. Services in a YMCA can range from child care and afterschool programs to teen leadership, sports clubs, and swimming lessons. www.ymca.org

Keshia Crosby, program assistant for youth obesity at NLC's Institute for Youth, Education, and Families, authored this action kit and researched key issues during its early stages. Leon T. Andrews, program director for youth development, supervised these efforts, reviewed drafts, and offered numerous helpful suggestions. Clifford M. Johnson, the Institute's executive director, provided editorial support and direction in moving the kit from initial drafts to publication.

Preparation and distribution of this kit was made possible by a grant from the Robert Wood Johnson Foundation. The Foundation continues to support the Institute's broader work in support of municipal leadership to combat childhood obesity.