

Communities Can Play a Role in Preventing Childhood Obesity

Many facets of community settings affect the health of children and youth, from how streets and sidewalks are designed to the availability of markets offering affordable fresh produce to whether the programs offered by community organizations offer children attractive, healthy alternatives to watching television and other sedentary pursuits. Mobilizing communities to address childhood obesity will necessitate changes in both the social and built environments and will also require concerted efforts by many partners, including citizen groups, community organizations, public health agencies, businesses, and governments. Interventions need to be culturally appropriate and targeted to reach those ethnic minority groups and low-income households that are at higher risk for obesity.

Mobilizing Communities

Many stakeholder groups should be involved in community efforts to prevent obesity, including youth organizations, social and civic organizations, faith-based groups, and child-care centers; businesses, restaurants, and grocery stores; recreation and fitness centers; public health agencies; city planners and private developers; safety organizations; and schools. Many of these organizations are currently involved in efforts to improve the well-being of children and youth through initiatives that are focused on reducing underage tobacco and alcohol consumption, preventing sexually transmitted diseases, and preventing automobile injuries. These groups need to apply their experience with such programs to new initiatives aimed at preventing childhood obesity and expand existing programs to emphasize healthful eating and regular physical activity. Community coalitions should be formed to facilitate and promote cross-cutting programs and community-wide efforts.

Health Disparities

Prevention efforts must be attentive to culture, language, and inequities in social, economic, and physical environments and should be targeted to reach high-risk populations. Children in certain ethnic groups, including African American, Mexican American, American Indian, and Pacific Islander populations, as well as

those whose parents are obese and those who live in low-income households, are disproportionately affected by the obesity epidemic. Issues such as safety, social isolation, lack of healthy role models, and limited access to a healthful food supply and opportunities for regular physical activity may be barriers to developing healthier lifestyles for these and other high-risk populations.

Private and public efforts that work to eliminate health disparities should include a focus on obesity prevention and should support community-based collaborative

KEY FACTS

Community Programs:

Local governments, public health agencies, schools, and community organizations should collaboratively develop and promote programs that encourage healthful eating behaviors and regular physical activity, particularly for high-risk populations.

Private and public efforts to eliminate health disparities should include obesity prevention as one of their primary areas of focus.

Community evaluation tools should incorporate measures of the availability of opportunities for physical activity and healthful eating.

Built Environment:

Local governments, private developers, and community groups should expand opportunities for physical activity, including recreational facilities, parks, playgrounds, sidewalks, bike paths, routes for walking or bicycling to school, and safe streets and neighborhoods, especially for high-risk populations.

Communities should prioritize capital improvement projects to increase opportunities for physical activity.

Communities should improve the street, sidewalk, and street-crossing safety of routes to school, develop programs to encourage walking and bicycling to school, and build schools within walking and bicycling distance of the neighborhoods they serve.

programs that address the inequities in obesity rates between populations. Pilot studies from the Girls Health Enrichment Multi-site Study aimed at African American girls demonstrate the feasibility of implementing relevant community programs.

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. 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.

Built Environment

Studies have shown that the amount of time children spend outside is the most powerful correlate of their physical activity level. However, because of vehicular traffic, high crime rates, and lack of sidewalks or open spaces, children often do not have safe places to play outside in many neighborhoods as a result of regulations and practices that have guided the development of transportation systems and design of neighborhoods.

Local governments, in partnership with private developers and community groups, should ensure that every

neighborhood has safe and well-designed recreational facilities and other places for physical activity for children and youth. Communities can require such environmental characteristics in new developments and use creative approaches to retrofit existing neighborhoods. Furthermore, local governments should ensure that streets are designed to encourage safe walking, bicycling, and other physical activities within the neighborhood and the larger community. Citizens have a responsibility to advocate for changes in policies affecting their neighborhoods.

Local governments and school districts should ensure that children have safe walking and bicycling routes between their homes and schools and that they are encouraged to use them. In 1969, an average of 48 percent of all students and 90 percent living no more than a mile away walked or bicycled to school. In 1999, only 19 percent of children walked to or from school and 6 percent rode bicycles to school.

Community Food Environment

In 2002, more than 35 million Americans experienced limited access to nutritious food on a regular basis. Moreover, the availability of high-calorie, low-nutrient foods has increased in low-income neighborhoods due to many factors including supermarkets relocating to suburbs, consumers' lack of transportation to supermarkets, and the proliferation of convenience stores typically offering a limited selection of healthful foods at higher prices in these communities.

Some communities are improving food availability in a variety of ways such as offering grants, loans, and tax benefits to stimulate the development of neighborhood groceries in underserved urban neighborhoods, initiating farmers' markets, and promoting community gardens and farm-to-cafeteria programs.

Local governments should work with community groups, nonprofit organizations, local farmers and food processors, and local businesses to support multisectoral partnerships and networks that expand the availability of healthful foods within walking distance, particularly in low-income and underserved neighborhoods. Such efforts will expand healthful food options at local grocery stores, supermarkets, and fast food restaurants, and they will encourage a broad range of community food security initiatives that improve access to healthful foods.

Examples of Stakeholder Groups in the Prevention of Childhood Obesity

- Children, Youth, Parents, Families
- Child- and Youth Centered Organizations
- Community-Based Organizations
- Community Development and Planning
- Employers and Work Sites
- Food and Beverage Industries, Food Producers, Advertisers, Marketers, and Retailers
- Foundations and Nonprofit Organizations
- Government Agencies and Programs
- Health- and Medical-Care Professional Societies
- Health-Care Delivery Systems
- Health-Care Insurers, Health Plans, and Quality Improvement and Accrediting Organizations
- Health-Care Providers
- Mass Media, Entertainment, Recreation, and Leisure Industries
- Public Health Professionals
- Recreation and Sports Enterprises
- Researchers
- Schools, Child Care Programs