



Why Adopt an Obesity Prevention Resolution?

Passing a local resolution is one way for communities to promote obesity prevention policies. Today more than two-thirds of adults in the United States are overweight or obese,¹ and among children and adolescents, 16.3 percent are obese and 31.9 percent are overweight or obese.² Obese children are likely to become obese adults: in fact, an obese older teenager has up to an 80 percent chance of becoming an obese adult.^{3,4}

The health consequences of this trend are dire. If the obesity epidemic continues unchecked, experts warn that excess weight could reduce average life expectancy by five years or more over the next several decades.⁵

NPLAN's model obesity prevention resolution is designed to help communities implement policies to address the obesity epidemic. This fact sheet explains how the resolution works and describes the types of policies it promotes.

Many social and environmental factors influence individual behaviors and contribute to the recent rise in obesity rates. Longer work hours and commute times mean that more parents are relying on fast food restaurants to feed their families, while at the same time, restaurant portions have dramatically increased in the last three decades.⁶ Unhealthy junk foods are easily accessible from vending machines in most schools,⁷ while fast food and chain restaurants saturate many neighborhoods.⁸ A lack of grocery stores, sidewalks, bike lanes, trails, and mixed-use development (integrating residential and commercial uses) also makes active living and healthy eating more difficult and higher obesity rates more likely in many communities.⁹



Although obesity affects everyone, Black, Latino, American Indian and Alaska Native, Pacific Islander, and lower-income communities are disproportionately affected.¹⁰ Studies show that low-income areas with a high proportion of Blacks or Latinos have fewer supermarkets per capita than higher income neighborhoods.¹¹ Likewise, predominantly Black, Latino, or lower-income neighborhoods often lack access to quality recreational facilities, including parks and playgrounds, or have facilities that are in poor condition and are perceived as unsafe.¹²

It is harder to make healthier choices in an “obesogenic” environment that encourages sedentary lifestyles and unhealthy eating. The good news is that local governments can have a significant impact on the environmental factors that contribute to obesity, and in fact, many state and local governments have made noteworthy efforts to do so.¹³ A local resolution is one way for communities to begin implementing obesity prevention policies.

What is a resolution?

Local governments create binding laws within their borders by passing ordinances. A resolution, on the other hand, does not create binding law, though it is a policy tool that can be used to accomplish many different objectives.¹⁴ Because resolutions are more informal than ordinances, they are often procedurally easier to enact.¹⁵

Local governments use resolutions to set internal city policy, direct internal operations, make a statement of support or opposition to a particular issue, or encourage other branches of government (such as Congress or the Executive Branch)

to take certain action. For example, Chicago recently passed a “Green City” resolution encouraging the consumption of local, plant-based foods and the expansion of farmers’ markets, community supported agriculture, and community gardens.¹⁶

The advantage of a local obesity prevention resolution is that it gives local lawmakers a relatively easy opportunity to demonstrate their support for obesity prevention policies. Once the local legislature passes the resolution, advocates then have a tool to hold local lawmakers accountable to their stated commitment.

The disadvantage of an obesity prevention resolution is that there is little recourse for the failure to comply. A resolution is merely a policy intention—it is not a mandate that could be enforced through litigation, for example.

NPLAN’s Model Local Obesity Prevention Resolution

By addressing multiple factors that contribute to high obesity rates, NPLAN’s Model Obesity Prevention Resolution is designed to be comprehensive. Although the resolution is primarily drafted for cities and other local municipalities, it can easily be adopted for county or state governments as well.

The model resolution begins with a series of “findings”—facts giving rise to the reasons for implementing the resolution, in this case demonstrating that obesity is a pressing health concern for the locality. NPLAN has provided some data in the findings section, but local governments can and should add or subtract from these findings as appropriate for their particular community.

The core of the model resolution is divided into ten subcategories: (1) the built environment, (2) access to healthy food, (3) obesity disparities, (4) schools, (5) parks and recreation, (6) community and day care centers, (7) the food and beverage industry, (8) city and county hospitals, (9) employee wellness, and (10) implementation. The resolution focuses on internal government policy but encourages action by outside parties as well.

1. The Built Environment

The built environment section directs all local government personnel involved in the design and development of the city to prioritize physical activity and access to healthy foods, including developing “complete streets” (enabling safe access for all users, including pedestrians, bicyclists, and people with disabilities) and new grocery stores in underserved communities. This section directs built environment professionals such as city planners to examine current planning and zoning codes and policies, and report to the legislative body with recommended revisions that could increase opportunities for physical activity and access to

healthy food. The purpose of this section is to make obesity prevention strategies a standard part of all community design and development efforts.

2. Access to Healthy Food

Focusing on farmers' markets and community gardens, this section directs the appropriate municipal agency to conduct an audit to determine if the local government owns land that could be made available for community gardening. Here, the city commits to reviewing existing laws or policies that might present unnecessary barriers to community gardens or farmers' markets. This section also encourages landowners to make their fallow land available to the community for gardening, and encourages food retailers to accept EBT (electronic benefit transfer) cards and WIC vouchers (Special Supplemental Nutrition Program for Women, Infants, and Children) so that low-income families receiving government benefits can access healthy food from a variety of sources as well.

3. Obesity Disparities

While obesity affects all Americans, Blacks, Latino, American Indian and Alaska Native, Pacific Islander, and lower-income people are more likely to be obese.¹⁷ This section of the model resolution creates a local task force on obesity disparities to examine where the disparities exist within the locality and what factors contribute to or cause them. The model resolution charges the task force with drafting a report to recommend legislative action.

4. Schools



School districts are creatures of the state, and municipal governments have little power to dictate what schools can and cannot do. But local governments can work with schools to facilitate healthier school environments. In this section of the resolution, the municipality pledges to work with local school districts to implement joint use agreements and to

support school gardens, safe routes to schools, and farm-to-school programs, as well as to collaborate with schools to site new schools within walking and bicycling distance of the neighborhoods where students live.

5. Parks and Recreation



This section addresses the role the local parks and recreation department can play in creating healthier environments. Here, the resolution directs the department to review existing vending machine contracts and, upon renewing those contracts, eliminate

most unhealthy snacks or sugar-sweetened beverages. Further, to promote local parks and other physical activity resources, this section directs the department to develop a guide for the public with a description of all local parks and activities, and to make this resource available on the local government website, in parks and recreation offices, and in community centers.

6. Community and Day Care Centers



Many families participate in programs through community centers, and children are especially likely to spend regular time at day care centers and after school programs. This section encourages community and day care centers, after-school programs, and youth-centered organizations to serve healthy, balanced foods instead of unhealthy junk foods, and to promote healthy eating and active living through their program activities.

7. Food and Beverage Industry

This section urges local restaurants to offer (and clearly identify) healthy meal options on their menus so that consumers can make healthier choices.

8. City and County Hospitals

To help hospitals model healthy living for the communities they serve, this section urges local government-run hospitals to adopt healthy vending policies and revise cafeteria menus to be consistent with current USDA Dietary Guidelines for Americans. Moreover, recognizing that breastfeeding can help prevent obesity as well, this section urges hospitals to adopt practices to support new mothers in breastfeeding their infants.

9. Employee Wellness

It is important for work environments to support healthy lifestyles, not only to improve individual health outcomes, but also to save employers money lost from obesity-related illness. The employee wellness section of the resolution directs the city's human resources department to work with management, employees, and union representatives to implement an employee wellness policy. This section also encourages private employers to follow suit.

10. Implementation

The last section of the model resolution builds in a mechanism for some accountability. Under this section, the departments or agencies identified will report to the legislative body with a summary of what they have done to realize the resolution's goals and objectives. This section also directs the department heads to provide the legislative body with any additional recommendations for further action. NPLAN encourages local governments adopting the resolution to make this section as specific as possible to ensure compliance.

Visit www.nplan.org to download NPLAN's Model Local Obesity Resolution.

The National Policy & Legal Analysis Network to Prevent Childhood Obesity (NPLAN) is a project of Public Health Law & Policy (PHLP). PHLP is a nonprofit organization that provides legal information on matters relating to public health. The legal information provided in this document does not constitute legal advice or legal representation. For legal advice, readers should consult a lawyer in their state.

Support for this fact sheet was provided by a grant from the Robert Wood Johnson Foundation.

- ¹ Levi J, Vinter S, Richardson L, et al. *F as in Fat: How Obesity Policies are Failing in America 2009*. Washington: Trust for America's Health, 2009, p. 7.
- ² Ogden CL, Carroll MD, and Flegal KM. "High Body Mass Index for Age Among US Children and Adolescents, 2003-2006." *Journal of the American Medical Association*, 299(20): 2401-2405, 2008.
- ³ Krebs NF and Jacobson MS. "Prevention of Pediatric Overweight and Obesity." *Pediatrics*, 112(2): 424-430, 2003.
- ⁴ Guo SS and Chumlea WC. "Tracking of Body Mass Index in Children in Relation to Overweight in Adulthood." *American Journal of Clinical Nutrition*, 70(1): 145S-148S, 1999.
- ⁵ Olshansky SJ, Passaro DJ, Hershow RC, et al. "A Potential Decline in Life Expectancy in the United States in the 21st Century." *New England Journal of Medicine*, 352(11): 1138-1145, 2005.
- ⁶ See "F as in Fat" *supra* note 1, at 18; Center for Science in the Public Interest. *Anyone's Guess: The Need for Nutrition Labeling at Fast Food and Other Chain Restaurants*. 2003, p. 11.
- ⁷ According to the USDA's School Nutrition Dietary Assessment III, in the 2004-2005 school year, vending machines, mostly stocked with candy, chips, soda and other junk foods, were available in 82 percent of middle schools and 97 percent of high schools. U.S. Department of Agriculture, Food and Nutrition Service, Office of Research, Nutrition, and Analysis. *School Nutrition Dietary Assessment Study-III: Summary of Findings*, 2007. p. 16-17. Available at: www.fns.usda.gov/ora/menu/published/CNP/FILES/SNDIII-SummaryofFindings.pdf.
- ⁸ One study showed that predominately Black and lower income neighborhoods had higher proportions of fast food restaurants than higher income and predominately White neighborhoods. Powell LM, Chaloupka FJ and Bao Y. "The availability of fast-food and full service restaurants in the United States: association with neighborhood characteristics." *American Journal of Preventative Medicine*, 33(4S): S209-S245, 2007. Another study of New Orleans, Louisiana found there were 2.4 fast-food restaurants per square mile in predominantly Black neighborhoods compared to 1.5 fast food restaurants per square mile in predominantly White neighborhoods. Block JP, Scribner RA and DeSalvo KB. "Fast Food, Race/Ethnicity, and Income: A Geographic Analysis." *American Journal of Preventative Medicine*, 27(3): 211-217, 2004.
- ⁹ Kerr J. *Designing for Active Living Among Adults*. San Diego: Active Living Research. 2008. Available at: www.activelivingresearch.org/files/Active_Adults.pdf.
- ¹⁰ Ogden CL, Flegal KM, Carroll MD, et al. "Prevalence and Trends in Overweight Among US Children and Adolescents, 1999-2000." *Journal of the American Medical Association*, 288: 1728, 1730 (2002); Halpren P, *Obesity and American Indians/Alaska Natives*, Washington: U.S. Department of Health and Human Services. 2007, p 8-9; Pleis JR and Lethbridge-Cejki M. *Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2006 Vital and Health Statistics Series 10, Number 235*. Hyattsville: National Center for Health Statistics, 2007. Available at: www.cdc.gov/nchs/data/series/sr_10/sr10_235.pdf.
- ¹¹ Beaulac J, Kristjansson E and Cummins S. "A systemic review of food deserts, 1966-2007." *Preventing Chronic Disease*, 6(3): 2009. Available at: www.cdc.gov/pcd/issues/2009/jul/08_0163.htm.
- ¹² See e.g., Day K. "Active Living and Social Justice: Planning for Physical Activity in Low-income Black, and Latino Communities." *Journal of the American Planning Association*, 71(1): 88-99, 2006; Kerr J. "Designing for Active Living Among Adults" *supra* note 9.
- ¹³ For a summary of recent state and local legislative and policy efforts to address obesity, see "F as in Fat: How Obesity Policies are Failing in America 2009" *supra* note 6, at 31-51.
- ¹⁴ 5 McQuillin Mun. Corp. § 15:2 (3rd. ed.).
- ¹⁵ *Id.*
- ¹⁶ City of Chicago, Res. No. PR2009-26, March 18, 2009.
- ¹⁷ Ogden, Halpren, Pleis, et al., *supra* note 10.