



A Place for Healthier Living

Improving Access to Physical Activity and Healthy Foods



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Founded in 1970, the Joint Center for Political and Economic Studies informs and illuminates the nation's major public policy debates through research, analysis, and information dissemination in order to: improve the socioeconomic status of black Americans, expand their effective participation in the political and public policy arenas, and promote communications and relationships across racial and ethnic lines to strengthen the nation's pluralistic society.

The Joint Center's new Health Policy Institute works to improve the health status of black Americans and other ethnically diverse groups by expanding their participation in relevant political, economic, and health policy arenas. It provides a national platform for minority health issues and gives voice to groups that would otherwise be excluded from these important debates through its ongoing analysis of health and related policy issues and through timely distribution of vital information.

PolicyLink is a national nonprofit research, communications, capacity building, and advocacy organization based in Oakland, California. Since 1999 PolicyLink has worked to advance a new generation of policies to achieve economic and social equity from the wisdom, voice, and experience of local constituencies. Its research and analysis in the field of health explores how the social, economic, and physical environments of local communities affect health and contribute to health disparities.

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FOREWORD

Early in 2004, the Centers for Disease Control and Prevention reported that obesity was rapidly moving to the top of the list of major causes of premature or preventable deaths. This fact is highlighted by statistics in this issue brief indicating that nearly two-thirds of U.S. adults can be classified as obese or overweight. People who are overweight or obese are at risk for any number of chronic conditions, including diabetes, stroke, heart disease, and hypertension. As is the case for many other adverse health conditions, African Americans and Latinos are much more likely than other Americans to be overweight or obese.

Although genetic factors can play a role, there are steps that people can take, through weight loss and improved fitness, to reduce their chronic-disease risk. Good diet and exercise are proven prescriptions for a healthier life. But the conditions in many low-income communities create barriers for residents who want to “do the right thing.” Streets may not be safe to walk or bike, and recreational facilities may be few and far between, making it difficult for residents to get the regular physical activity recommended by their health care providers. A paucity of grocery stores with healthy food options also prevents many families from pursuing low-fat or low-sodium diets. In addition, school cafeterias and vending machines, lacking nutritious food choices, can make it difficult for young people to avoid consuming excessively nutritionally empty calories.

While individuals acting alone may not be able to overcome these barriers, as this brief explains, a community can take collective action to lower them. A collaboration between the Joint Center for Political and Economic Studies and PolicyLink, this brief is one of four that outline strategies for achieving better health through community-focused solutions. The other three focus on broad community factors that impact health; asthma; and special issues for Latino immigrants. The briefs, written by PolicyLink staff and consultants, are based on a review of the literature as well as on interviews with African American and Latino community health leaders (or those serving African American and Latino populations) and elected officials from across the country.

The Joint Center and PolicyLink are grateful to the W. K. Kellogg Foundation for their support of the Joint Center’s Health Policy Institute, which made these publications possible. The briefs could not have been produced without the hard work and dedication of our staff and consultants, who are listed on the acknowledgements page. Finally, we appreciate the participation by elected officials, community leaders and health practitioners in interviews and a forum where they shared with us their experiences and strategic thinking and provided helpful feedback on proposed solutions. We hope this document will be useful in your work to ensure that everyone can live in a healthy community.

Eddie N. Williams
President
Joint Center for
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THE PROBLEM

Good diet and physical activity are vital pathways to lifelong health, from promoting healthy growth and development in children through maintaining well-being and an optimal quality of life in seniors. Unfortunately, poor diet and inadequate physical activity have become the second leading actual cause of death in the United States¹ and are linked to a significant portion of preventable chronic illnesses, including heart disease, stroke, some cancers and type 2 diabetes. There are significant, persistent disparities in the prevalence and consequences of these chronic illnesses: disparities of race, ethnicity, and income that are linked not just to nutrition and physical activity directly, but also to the social, economic and community-level conditions in which people live. These conditions largely shape people's capacity to maintain a good diet and a life that includes healthful physical activity. While individual behavior and access to quality health services are key, these disparities will not be eliminated without addressing community conditions.

Obesity in this country has reached epidemic levels. A number of factors, including genetics, contribute to overweight and obesity. Nevertheless, the consensus among scientists and medical professionals is that poor diet and lack of physical activity play important roles in propagating the obesity and diabetes crises. Nearly two out of three adults are now classified as obese or overweight, as are more than one in seven youths (ages 6 to 17).² Obesity causes 300,000 premature deaths each year and is associated with increased health risks, including type 2 diabetes, heart disease, osteoarthritis, asthma, cancer, high blood cholesterol, and increased surgical risk. It is also linked with psychological disorders and social stigmatization.³

Diet and nutrition related diseases disproportionately affect people of color. This is particularly of concern for African Americans and Latinos. Not only do these groups have higher rates of obesity than whites, but their rates are growing faster than among whites. Although in 1991 Latinos and whites had the same prevalence of obesity⁴ — at around 12 percent of each population — by 2001 the rate had risen to 20 percent among whites and to almost 25 percent among Latinos (see Figure 1, located with the other figures at the end of this brief). The obesity rate for African Americans, already higher than for whites or Hispanics in 1991, continued to rise throughout the decade and reached 32 percent by 2001. African Americans have had a consistently higher rate of diabetes than whites. Disparities in heart disease exist as well. Although overall

deaths from the disease have declined, African Americans and Latinos still suffer higher rates of premature mortality due to heart disease than whites.⁵

Understanding the context in which people live is essential in order to understand the origins of these health disparities. This brief reviews the research literature and a wide range of promising community-level practices to illustrate the issues and suggest program and policy solutions to reduce health disparities related to diet and physical activity.

THE CAUSES

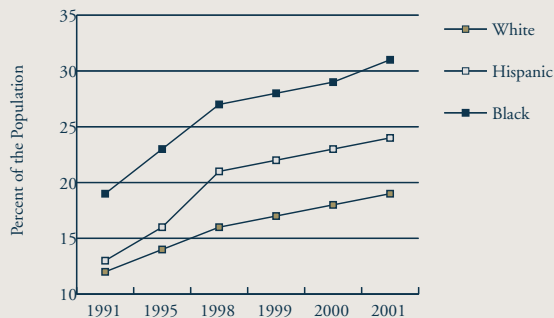
Poor diet and lack of exercise are currently the object of a great deal of media coverage, commercial marketing, discussion, and debate throughout American society. In these arenas, individual behavior and “personal responsibility” are sometimes elevated to such a prominent position that the impact of broader economic factors and public policies is undervalued. These broader factors and policies are, however, central to improving the opportunities for children and adults to practice a healthy lifestyle.

Socioeconomic status is probably the greatest determinant of a person's ability to maintain a healthy diet and get exercise. When communities lack the resources that promote health, their residents have fewer options for maintaining a safe and healthy lifestyle that leads to fitness and good nutrition.⁶

The structural causes of poverty are complex, of course, but for African Americans much of the prevalent poverty is rooted in a legacy of racial oppression and neglect. A decades-long pattern of public decisions led to the abandonment of and disinvestment from inner cities, resulting in a high concentration of African Americans in inner-city neighborhoods with deteriorating housing, scarce employment, and poor social conditions. In recent years, they have been joined by Latinos in similar economic circumstances and, in many cases, in the same neighborhoods. It is worth noting that as immigrant Latinos have become acculturated, they have also begun gaining weight at higher rates than African Americans (see Figure 1).

Over the last 10 years, even as many cities have begun to rebound economically, the overall poverty rate has remained as high as in previous decades⁷ and the environmental and economic conditions in inner-city neighbor-

FIGURE 1
Obesity rates over time



Latinos and blacks have been becoming obese at a faster rate than whites.

hoods have grown worse. The lack of supermarkets offering a wide array of healthy foods, the minimal open space and inadequate recreational facilities, and unsafe streets and neighborhoods are all factors that make it difficult to adopt a healthy lifestyle.

Deep-seated environmental and economic conditions affect an individual's health directly and also influence attitudes and behaviors. For example, since a person's actual diet depends on both food preferences and availability, in low-income communities, often devoid of supermarkets selling a wide array of healthy foods, it is more difficult to eat healthily. The absence of well-stocked supermarkets is a consequence of urban disinvestments, including the judgement among most large firms and lending banks that low-income communities cannot support such stores.

Lifestyle-influenced diseases such as diabetes can be managed with adequate health care, but are exacerbated when health care access and resources are limited. Disparities in health care access also lead to disparities in morbidity and mortality. For example, people of color and low-income populations with inadequate insurance coverage receive fewer diagnostic⁸ and treatment⁹ options compared to middle and higher income whites. As a result, they often receive medical attention too late or infrequently and are more likely to develop complications or fatal conditions that could be prevented with adequate health care.

COMMUNITY FACTORS INFLUENCING NUTRITION AND PHYSICAL FITNESS

Historically, strategies to reduce lifestyle-associated health problems such as obesity have focused on a traditional medical model of individual behavior modification and treatment, without addressing the context in which behavioral choices are made. Such efforts have not succeeded in stemming the increasing prevalence of these conditions. Addressing health disparities and developing effective and sustained health promotion requires a focus on the social, economic, and environmental factors that influence nutrition and physical fitness activities in communities. The strategies must be what health experts have come to call “multi-level” — they should have components for individuals, families, neighborhoods, service systems, and the economic and built environment.

Community factors such as the quality and availability of health care have a direct impact on both physical and mental health, as well as indirect influences on behaviors that have health consequences. The availability of “opportunity structures” — including access to healthy and affordable food, safe and enjoyable spaces for exercise and recreation, capital for business or home-based assets, and transportation resources that facilitate employment and education — also has direct and indirect effects on health and health behaviors.

These community factors and associated opportunity structures can either be protective and supportive of health, or add to the risks of obesity and its associated diseases. They fall into three broad categories—the social, economic, and physical environments—that also influence one another.

The *social environment* is influenced positively by the presence of social cohesion and interaction among neighbors. Neighbors who know and trust each other more frequently provide social supports, look out for one another and create opportunities for group exercise activities from

“You have to look at whether there are enough grocery stores in a neighborhood or just junk food stores.”

— Jon Sheiner, Chief of Staff for Congressman Charles Rangel

children’s play groups to senior walking clubs. Residents who are engaged in civic life are more likely to organize for neighborhood improvements to local parks and streets or to bring in a farmers’ market.¹¹

The *economic environment* affects whether good jobs, or indeed any jobs, are available to the residents of the community, and a stable income is itself a major determinant of health status. Also, when a neighborhood is perceived to lack economic viability, owners of supermarkets are reluctant to locate in those neighborhoods, which limits residents’ ability to purchase healthy food.¹²

The *built and natural environments* have an influence on individuals’ opportunities for physical activity. Both new suburbs and older urban neighborhoods can undercut opportunities for walking, running, and other exercise. Higher street-connectivity,¹³ diversity of land uses,¹⁴ and the presence of viable parks influence the ability of community residents to be physically active.¹⁵ Building schools where students can no longer walk to them—either because of distance or safety considerations—has reduced what was once a common form of exercise for children and youth.¹⁶

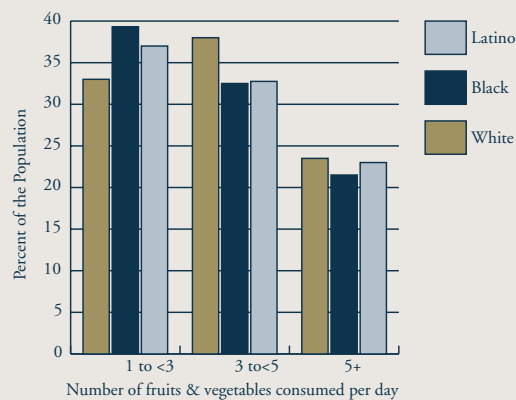
How Stores and Schools Affect Diet

Trends in What People Eat

There is a large gap between recommended dietary patterns and what Americans actually eat. Less than one-fourth of adults eat the recommended daily five or more servings of fruits and vegetables; and fruit and vegetable consumption is lower for African Americans and Latinos than for whites (see Figure 2). These poor eating habits are often established during childhood: more than 60 percent of young people eat too much fat, and less than 20 percent eat the recommended five or more servings of fruits and vegetables each day.¹⁷

In some cases, these poor eating habits develop only after immigrating to this country, particularly to neighborhoods where healthy food is not plentiful. Several studies have found an increase in obesity between first- and second-generation Hispanic¹⁸ and Mexican American¹⁹ adolescents. One study²⁰ found that longer residence in the U.S. was associated with greater weight for both Puerto Rican and Cuban adolescents. The difference in weight gain can likely be attributed to the degree of acculturation adolescents experience. First-generation Mexican Americans report lower intakes of cheese and fast foods, and greater

FIGURE 2
Daily consumption of fruits and vegetables



African Americans, followed by Latinos, consume fewer fruits and vegetables per day than whites. Source: CDC, 2002

intake of rice, beans, fruits, and vegetables than their second-generation counterparts. And foreign-born Puerto Rican and Cuban adolescents consume more fruits and vegetables, respectively, than their native-born counterparts. These findings are consistent with other studies that have contrasted acculturation status and dietary patterns among Latinos.^{21,22,23,24,25,26} Inactivity and low-intensity physical activity have also been shown to increase with longer U.S. residence, although the difference is less striking than it is for dietary patterns.²⁷

Local Stores and Supermarkets

The availability of groceries is as important as an individual’s preference when it comes to diet. The variety and

“[The most important factors contributing to health disparities affecting African Americans and Latinos are] stress, dirty air, diet and exercise. If there are no genetic differences between people, then there must be something environmental.”

— Garnet Coleman, Texas State House Representative

quality of food offered by retail grocery stores follows community income, with wealthier areas having the widest choices of stores and products and lower-income and remote areas the narrowest. Low-income neighborhoods have fewer grocery stores than their wealthier counterparts,²⁸ and in recent decades supermarket chains have been reluctant to locate in poor neighborhoods that are perceived to be less profitable.²⁹

Grocery stores in African American neighborhoods are less likely than those elsewhere to sell healthful items such as fruits, vegetables, non- and low-fat milk and low-fat snacks.³⁰ Meanwhile, access to high-fat, high-calorie foods is easy at the plethora of fast food restaurants, liquor stores, and convenience stores that are more common in lower-income neighborhoods.³¹ In contrast, many rural areas offer virtually no stores or restaurants, and residents (for example, migrant workers) often lack transportation to shop in nearby towns.³² Because they over-consume foods high in fat, sugar, and calories and under-consume foods rich in vitamins, minerals, fiber, and other nutrients, lower income adults and children are likely to be overweight despite a lack of food variety.³³

School Food and Children's Nutrition

The school day accounts for a significant portion of a child's food intake, with some children obtaining up to two meals and two snacks each day at school. While school breakfast and lunch programs must adhere to U.S. Department of Agriculture nutritional standards, foods served as individual items (a la carte) in snack bars, vending machines, and school stores are not subject to any regulation, a fact many parents are unaware of. Such foods tend to be high in fat, sugar, and calories. For example, a survey of California high schools found that pizza, chips, and cookies were the most common a la carte items.³⁴ Recent marketing trends add to the nutrition problem,

“There need to be more recreational facilities, and a greater variety of recreational facilities in African American and Latino communities. They may offer basketball courts, but not tennis courts or soccer fields.”

— Tyrone Yates, Ohio State House Representative

such as school district agreements with large food and beverage companies that allow exclusive product placement within schools in exchange for “corporate donations.” The financial inducements these companies offer, which are especially enticing to low-wealth school districts, often include funds directed toward physical education or interscholastic sports, in addition to computers.

How the Urban Environment Affects Exercise

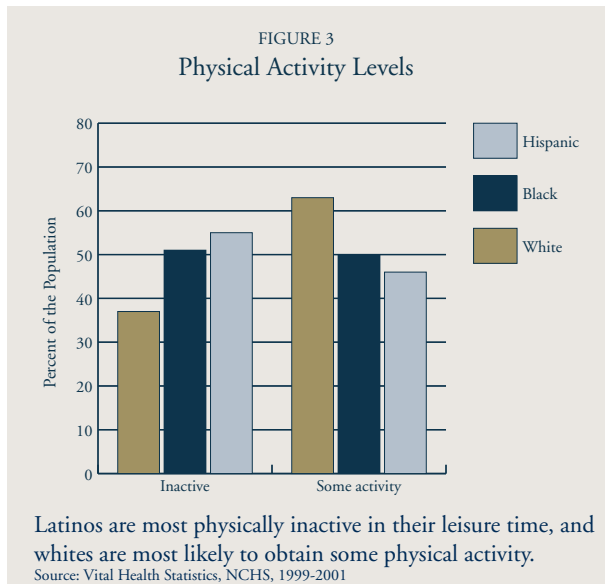
Trends in Physical Activity

Physical activity helps maintain a healthy body weight and reduces the risk of obesity, diabetes, coronary heart disease, stroke, colon cancer, and high blood pressure.³⁵ Regular exercise also helps maintain bones and joints, reduces anxiety and depression, reduces falls and arthritis pain for seniors, and is associated with fewer hospitalizations, physician visits, and medications.³⁶ Despite these health benefits, government studies have found that less than one-third of Americans get the recommended 30 minutes of moderate physical activity most days of the week; in fact, 40 percent of adults get no leisure time exercise at all.³⁷

Latinos and African Americans are less likely to be physically active than whites (see Figure 3),³⁸ due in large part to the social, economic, and physical environments of their lower-income, largely urban neighborhoods. The opportunities for physical activity are limited by the minimal open space and inadequate recreational facilities in many low-income neighborhoods. Local parks departments in most inner cities have had to cut back already inadequate levels of staffing and maintenance, and have not been able to consistently acquire new land or facilities. Unsafe streets and neighborhoods are deterrents to residents who would use them for exercise and recreation.

Parks, Recreation, and Physical Education

Originally created as a relief for workers living in overcrowded tenements and working in unhealthy factories, urban public parks, in theory, still represent an important asset for the health and fitness of residents of all incomes. However, lower-income communities have less space devoted to parks and less funding for recreation programs.³⁹ At the same time, their residents are more dependent on parks for physical activity than are high-income urban dwellers or suburban and rural residents.⁴⁰ In addition, higher crime rates and perceived lack of safety can be a significant deterrent for families to use public parks in inner-city neighborhoods,⁴¹ where there are also fewer gyms and fee-based fitness centers.⁴²



School districts facing budget deficits and criticism for academic deficiencies have turned their attention and funding toward a return to basics and teacher competence, and away from physical education and school sports. Local efforts to restore school-based physical education and sports programs—often undercut by school finance decisions—can more easily be turned into local privatized fundraising efforts among more affluent parents, leaving lower-wealth school districts at a growing disadvantage.⁴³

Streets and Outdoor Environments

Although neighborhood streets offer ample opportunity for walking and biking for both leisure and transportation, these activities may be less desirable in low-income neighborhoods.⁴⁴ Concerns about crime prevent residents from using the streets for physical activity^{45,46} and from allowing their children to walk or bike to school.⁴⁷ Even the less enjoyable street scenery in lower income neighborhoods plays a role in discouraging recreational walking and cycling.⁴⁸

“Public transportation is an issue (affecting health). Most people only get around with a car, and the car usually goes to the person with a job, and this reinforces non-mobility in areas where kids face turf boundaries. Without transportation they won’t walk across certain neighborhoods.”

— Bill Schlesinger, Community Health Leader, Project Vida

TAKING ACTION AT THE COMMUNITY LEVEL

The past two decades have seen improvements in access to healthy food resulting from concerted grassroots organizing and strategic advocacy for policy reform.⁴⁹ Elected officials interviewed for this study agreed that grassroots efforts are necessary to pass reform legislation, and community leaders agreed that improving the food environment requires efforts tailored to the community.

The growing body of work in this area provides innovative models, adaptable to the needs of different communities, to improve food availability and variety in schools and stores, the institution of food coops and farmers’ markets, and improvements in parks, recreation, and physical education facilities.

Improving School Food

Community mobilization regarding food sold in and around schools has compelled some states and school districts to develop policies that address a number of issues affecting good nutrition, including: improving the quality of school meals, setting nutritional standards for foods sold outside the school meal programs, mandating nutrition education, allowing adequate time for meal periods, and improving cafeteria surroundings and menu offerings to increase appeal to students.

- The El Paso (Texas) Independent School District negotiated a beverage vendor contract that allowed the district more flexibility and control over beverages sold in El Paso schools. After its board voted to ban soft drinks sold in the schools, the school district rejected a \$20 million, 10-year contract offered by a soft drink vendor for exclusive distribution rights to offer soft drinks in the schools. Instead, the school district and the beverage company agreed on a 2-year contract to provide

bottled water, 100 percent fruit juice, and nonfat milk in all elementary and middle schools.⁵⁰

- The Fayette County (Kentucky) Public School District set nutritional standards for snacks and renegotiated its vending contracts to shift the proportion of healthy options from 21 percent to 72 percent of the beverage selections, and from one percent to 40 percent in the snack selections. In addition, the prices for healthier options will be lower and the machines will carry pictures of young people being physically active. These changes were the result of two years' worth of advocacy in support of healthier school vending. Elementary schools in the district have been and will continue to be free of vending machines.⁵¹
- The Portsmouth (New Hampshire) School Board replaced drinks high in sugar and caffeine with plain and flavored waters and fruit juice. Snacks and candy that have little nutritional value were replaced with crackers, Chex mix, raisins, and fruit snacks. The catalyst for the change was a letter to the school board by a local pediatrician criticizing the foods and warning of the growing obesity rates in kids.⁵²
- The Oakland (California) Unified School District—serving an urban, predominantly low-income, ethnically diverse student population—was one of the first school districts to pass a policy regulating a la carte food sales. The impetus was community mobilization against a potential \$5 million school district contract with Pepsi. After rejecting the contract, the school board responded to community interest in improved school food by developing a nutrition policy committee that ultimately set one of the strictest school food nutrition policies in the nation.⁵³

Improving Food Options at Local Outlets

Supermarkets

Low-income communities have used many strategies to successfully recruit full-service supermarkets into

“We’re offering pizza, candy, cola in schools — this is scandalous.”

— Tyrone Yates

their neighborhoods. In a low-income neighborhood in Newark, New Jersey, the efforts of the New Community Corporation (NCC, a faith-based community development and social services corporation), led to the opening of the first supermarket built in 25 years in that area. The Pathmark supermarket has become the most successful outlet of that chain in the nation, providing a variety of fresh seafood, fresh fruit, vegetables and meat, as well as ethnic foods. It serves as an anchor to an NCC developed shopping center that provides other previously unavailable services to the community.⁵⁴

The mayor of Rochester, New York, successfully recruited a large supermarket chain to open a number of outlets by providing public funds for start-up and developing a comprehensive urban renewal plan for the neighborhoods surrounding the new supermarkets. In southeast San Diego, the comprehensive community initiative led by the Jacobs Center for Neighborhood Innovation has resulted in the opening of a highly profitable Food 4 Less store (a price-impact, warehouse-format supermarket) in a district that had had no supermarket for 20 years, with most of the employees in its unionized workforce now coming from the neighborhood.⁵⁵

The commitment from these supermarkets was to provide high quality fresh fruits and vegetables, meats and poultry, and brand-name groceries at the lowest possible prices. Although the effect of these supermarkets on food consumption is not documented, other studies have shown that African Americans increased their consumption of fruits and vegetables by 30 percent for every supermarket located in their census tract.⁵⁶

Small Stores

Corner grocers and convenience stores that sell alcohol, other beverages, and processed food have filled the void left by the exit of supermarkets in many low-income communities. Although these stores succeed by catering to the tastes of the community, there are possibilities for improving the quality of food they offer.

In Oakland, California Food Policy Advocates, a statewide public policy and advocacy organization, conducted a pilot project to improve access to fresh fruits and vegetables in one low-income African American neighborhood.⁵⁷ Aimed at turning the corner grocery store into a distribution network for fresh produce, the project provided technical assistance on purchasing and handling produce and helped the store with refrigeration and signage. Sales in

the pilot store rose from zero to \$600–700 per week. The success of this pilot has led to an expansion of the project by the county health department.⁵⁸

In a low-income, predominantly African American east-side neighborhood in Detroit, community organizations, University of Michigan researchers, and community members are collaborating on several projects to address the need for supermarkets and healthy food alternatives. Community health workers negotiate wholesale purchase of fresh fruits and vegetables and sell them directly to neighborhood residents at a community center. They also provide education to community members on healthy diet and cooking and working with small-store owners to increase the amount of shelf-space used for fruits and vegetables.⁵⁹

Farmers' Markets

Many communities and organizations have introduced farmers markets as a vehicle for bringing fresh produce to low-income consumers.

Spurred by community efforts, farmers' markets are successfully serving many low-income urban communities. The Food Trust in Philadelphia, which operates 14 farmers' markets in low-income neighborhoods, helps with signage and product displays designed to assure access by low-income families, and provides staff who provide nutrition and food preparation education to customers when the markets are open.

Community groups can work with government to expand the availability of these programs. The Food Trust successfully built collaboration among several organizations in Pennsylvania to improve healthy food access. As a result, the state government enacted an economic stimulus package that provides \$100 million of public funding to

support the development of farmers' markets and supermarkets in low-income areas. New York State recently expanded its Farmers' Market Nutrition Program (FMNP) by increasing the number of participants in the Special Supplemental Program for Women, Infants, and Children (WIC) who can redeem their WIC food coupons for fresh produce. The results were an increased utilization of FMNP benefits by WIC participants and increased income to local farmers.⁶⁰

Improving Opportunities for Physical Activity

Parks, Recreation, and Physical Education

With school districts cutting physical education and municipal parks departments financially hard pressed to maintain existing open spaces or run adequate recreation programs, a new breed of community partnership has evolved to provide impetus for local governments to improve urban parklands and services. The City Project in Los Angeles has been a key organizer of a coalition of diverse community, civil rights, environmental, religious, business, and government groups that help to create urban parks in the most underserved communities in Los Angeles.

One effort, driven largely by the Anahuak Youth Soccer Association, secured resources to obtain a large plot of land for a park and soccer field. This development created “the first open space and recreation complex ever developed by State Parks in the heart of Los Angeles.”⁶¹ The Chinatown Yard Alliance, another City Project member, has organized to stop a large warehouse development project and has coalesced significant community support to secure the allocation of \$36 million to create a park from an old rail yard.

The Trust for Public Land has assisted similar efforts in more than a dozen cities. These efforts range from greenways along defunct railroad track beds,⁶² to waterfront access in low income communities,⁶³ to the restoration of rundown buildings of historic significance—all done through community development and organizing processes.⁶⁴ The results are fields, tracks, paths, and gyms that make it more feasible and enjoyable for inner city residents to exercise and play.

“[One of the most significant barriers to policy change] is the idea that many are responsible for their own plight and the failure to see the impact of structural or institutional factors.”

— Otis Johnson, Mayor of Savannah, Georgia

TAKING ACTION AT THE STATE LEVEL: SCHOOL NUTRITION

Americans are mobilizing politicians to implement policies to make good nutrition and physical activity accessible in all communities. A recent public opinion poll found that two out of three Californians believe the best way to address the obesity crisis is through a community approach, such as improvements in school health environments and fast food restaurant nutrition labeling, rather than leaving it solely to children and their families. The following examples illustrate how state policymakers are currently tackling some of the problems outlined in this brief.

State-level policy can provide a mandate for school districts to change and improve the foods that are being sold on school campuses. State legislation recently passed or currently being considered in this area includes the following.

Arkansas passed legislation passed in 2003 to create a state-wide Child Health Advisory Committee to develop nutrition and physical activity standards and make recommendations on competitive foods for vending machines. The legislation bars vending machines in elementary schools and restricts access until after lunch in middle and high schools. It also sets parameters for soft drink companies on what can be sold in school vending machines.⁶⁶

In *California*, the legislature is considering strengthening the nutrition requirements for the regular school meal programs as well as the a la carte foods and beverages. Legislators are also considering requiring all public schools in the state to offer a breakfast program. Legislation has already passed setting nutrition standards for all foods and beverages sold on school campuses and banning the sale of sodas in elementary and middle schools.⁶⁷

Texas created a joint legislative and executive committee to study the nutritional content and quality of foods and beverages in public schools, including food service meals, a la carte foods, competitive foods, and vending machines. The first action is to review all school vending contracts in the state.⁶⁸ Further, the state agriculture department amended the state school nutrition policy to severely restrict Foods of Minimum Nutrition Value (FMNV) sold on school campuses.⁶⁹

PROMISING COMMUNITY AND LEGISLATIVE ACTION

Providing Adequate Physical Activity in Schools

Schools are now paying closer attention to providing students with adequate physical activity, through both physical education classes and after-school activities. For example, while California has a number of physical education standards that are comprehensive, many of these standards are not enforced by the state's department of education due to lack of resources and competing academic priorities.⁷⁰ States could ensure that their standards are enforced by providing resources and personnel to audit adherence to physical education policies. A system of rewards and consequences might motivate school districts to comply with physical education standards.

In addition, states need to ensure that schools have adequate physical education and resources, including trained teachers, equipment and facilities, and opportunities for non-competitive physical activity outside of PE class. State mandates alone may not be sufficient, as states need to ensure that local districts have adequate resources to maintain their PE programs and that they foster certified after-school programs with a required physical activity component. Government departments of parks and recreation should be encouraged to join schools to promote the benefits of outdoor activity in parks and to seek ways to support stronger linkages between physical activity and education.

Limiting Unhealthy Food Marketing to Children

While regulations related to broadcast marketing and advertising are mainly the responsibility of the federal government, states can adopt legislative resolutions to demonstrate support for limiting advertising and marketing of unhealthy foods and beverages to children. In addition, state legislatures and local school boards may have the ability to limit or eliminate all marketing and advertising to children in schools and could take advantage of this policy opportunity.

Innovations in Land Use and Zoning Policies

Communities should establish guidelines for model land use, zoning, transportation, community design policies, and environmental assessments to increase residents' outlets for physical activity, decrease the availability of undesirable food outlets,⁷¹ and increase opportunities for access to fresh fruits and vegetables. Land use and zoning policies can limit the prevalence of liquor stores and fast food outlets. A range of innovations and experiments have been undertaken to regulate retailing in ways intended to promote health and safety.

Communities should be designed with more attention to the needs of children and families. Landscape design for new and revitalized neighborhoods alike should provide both sidewalks and bike paths, as well as green space and playing fields. The layout of streets, schools, shopping centers, and housing should allow for getting around without cars.⁷² For example, the City of Gresham, Oregon, created the "Ped-to-Max" program to better integrate the rail-line with the community, which enabled safer walking routes and more convenient transit ridership.⁷³

Developing Strategic Collaborations

Strategic collaborations and alliances can wield far more leverage than any single group acting alone. Local collaboratives (with membership from a wide variety of community organizations and agencies) addressing healthy eating and physical activity are forming across the country. As these collaboratives grow and mature, they may need to develop strategies for merging the priorities and agendas of the member organizations. Food policy advocates and physical activity advocates should work together to influence zoning, urban planning, land use, transportation, and tax equity groups. Likewise, it is worth strengthening existing community coalitions working on obesity/diabetes prevention and assure health department participation.

Local elected officials could be encouraged to work with their chambers of commerce to engage business leaders in identifying ways to encourage more physical activities among employees.

Limiting Food and Beverage Marketing and Advertising

There are a number of strategies that communities can use to address unhealthy food and beverage marketing and advertising locally and to move these concerns on to policy decisionmakers. Community advocates who wish to address community-level food and beverage marketing can learn from the successful efforts to limit tobacco and alcohol advertising in low-income communities and communities of color. These efforts provide models for conducting community marketing surveys, mobilizing community members around a marketing issue, using survey findings to change local policies, and disseminating lessons learned.⁷⁴ Strategies can be disseminated to community members, policy makers, and advocates to help support local change.

Community groups should also engage and train youth as advocates for changing food and beverage marketing practices. Youth can survey their community to assess food and beverage marketing and use survey results to inform local policy makers. Communities should establish local best practices guidelines for marketing and advertising to children, and reward companies located in the community that comply with these guidelines.⁷⁵

CONCLUSION

Eliminating nutrition and physical activity related disparities must be addressed from multiple levels. Although consistent nutrition and physical activity education is a necessary component to help individuals make good choices, individuals make decisions about food and physical activity within their community context. Immense disparities exist between the environmental factors supporting nutrition and physical activity in communities of color and low-income populations and those of higher-income, predominantly white populations. Healthy food options and safe opportunities for physical activity are glaringly absent from poor communities and communities of color. When these opportunities are not available within the community, residents are much less likely to eat nutritious foods or be physically active. The disparity in community food and physical activity resources is contributing to high levels of nutrition and physical activity related diseases in the African American and Latino communities.

A multi-sectoral approach is required to address these health disparities. Engaging community members in changing their environment is critical, but must also include public and private support from all sectors — industry, commerce, health care, transportation, policy, and media/advertising — to create a health-promoting community environment.⁷⁶

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