

Model Local Obesity Prevention Resolution

Developed by the National Policy & Legal Analysis Network to
Prevent Childhood Obesity (NPLAN)

The National Policy & Legal Analysis Network to Prevent Childhood Obesity (NPLAN) is a project of Public Health Law & Policy (PHLP).

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Obesity rates have risen dramatically in children and adults over the last several decades,¹ causing increased risks for diabetes, heart disease, asthma and other serious diseases.² Obesity costs the United States \$147 billion dollars annually in direct health care costs.³ Local governments can improve the health of their residents by changing laws, implementing new policies and programs, and encouraging businesses and other private entities to take action to reverse rising obesity rates. This Model Local Obesity Prevention Resolution provides local government with a tool to take significant steps toward addressing the obesity epidemic.

Ordinances and Resolutions

Generally, local legislative bodies act by enacting ordinances and approving resolutions.⁴ Ordinances are binding legislative acts. Local governments use ordinances when required by their state law or charter to impose laws that are binding on their citizens, and to appropriate funds. The benefit to enacting an ordinance is that the regulation will be binding and have the force of law until repealed or amended.^{5, 6}

While local practices may vary, local legislative bodies generally use resolutions to set official government policy, issue commendations, direct internal government operations, establish a task force or committee to study an issue and propose next steps, suggest actions for those not subject to city directives, or accomplish other short-term tasks. Usually a resolution is procedurally easier to enact than an ordinance,⁷ and it can be an effective step for a local government to study and implement anti-obesity policies.

NPLAN's Model Local Obesity Prevention Resolution

The purpose of NPLAN's Model Local Obesity Prevention Resolution is to assist local governments in implementing local obesity prevention policies and to encourage action by businesses, nonprofit organizations, public entities, individuals, and other interested community members to reverse the rise in obesity rates. Rather than comprising a final solution, the Resolution's aim is to lay the foundation for more procedurally challenging actions, such as enacting ordinances. Other legal and policy tools are available at www.nplan.org.

The model offers a variety of policy options. In some instances, alternate language is offered (e.g., [*black / white*]) or blanks have been left (e.g., [____]) for the language to be customized to fit the needs of a specific community. In other instances, the options are mentioned in annotations (“comments”) following the legal provisions. In considering which options to choose, drafters should balance public health benefits against practical political considerations in the particular jurisdiction. One purpose of including a variety of options is to stimulate broad thinking about the types of provisions a community might wish to explore, even beyond those described in the model. NPLAN is interested in learning about novel provisions that communities are considering. The best way to contact us is through our website: www.nplan.org.

Resolution No. _____ Committing [Municipality] to Fighting the Obesity Epidemic

PREAMBLE

WHEREAS, 16.3 percent of American children and adolescents ages 2 to 19 are obese, and 31.9 percent are obese or overweight, which translates into 12 million children and adolescents who are obese (BMI \geq 95th percentile) and more than 23 million who are either obese or overweight (BMI \geq 85th percentile).^{8,9,10}

WHEREAS, in [*Municipality / State*] ____ percent of children and ____ percent of adults are obese or overweight;

COMMENT: Insert obesity statistics specific to the state and municipality here.

WHEREAS, overweight children and adults are at greater risk for numerous adverse health consequences, including type 2 diabetes, heart disease, stroke, high blood pressure, high cholesterol, certain cancers, asthma, low self-esteem, depression and other debilitating diseases;¹¹

WHEREAS, the medical costs of obesity have risen to \$147 billion each year;¹²

WHEREAS, the cost of obesity in [*insert state or municipality*] is [*add state-specific data about obesity costs with citation*];

COMMENT: See http://cdc.gov/nccdphp/dnpa/obesity/economic_consequences.htm for obesity expenditures by state.

WHEREAS, good nutrition is a central part of any obesity prevention effort as healthier diets could prevent at least \$71 billion per year in medical costs, lost productivity and lost lives;¹³

WHEREAS, studies show that most Americans do not eat enough fruits, vegetables or whole grains;^{14, 15, 16}

WHEREAS, infants who are breastfed are less likely to become obese children or adults;¹⁷

WHEREAS, most Americans are failing to meet the Center for Disease Control and Prevention's recommendations of at least 30 minutes of moderate physical activity at least

five days a week for adults, and at least 60 minutes of moderate to vigorous intensity physical activity for children every day;^{18, 19, 20}

WHEREAS, obesity and its health-related complications are found at higher-than-average rates among Black, Latino, American Indian and Alaska Native, and Pacific Islander populations.²¹

WHEREAS, in many communities, families have limited access to full-service supermarkets and no safe places to play;^{22, 23}

WHEREAS, low-income communities are less likely to have places where people can be physically active, such as parks, green spaces, and bike paths and lanes;²⁴

WHEREAS, children in rural areas and towns have less access to places to play than children in urban areas and suburbs;²⁵

WHEREAS, improvements to the “built environment”²⁶ – including, bike and pedestrian friendly streets, adequate public transportation, access to healthy food retailers, access to parks, trails and grocery stores, or the lack thereof – have a significant impact on obesity rates;²⁷

WHEREAS, individual effort alone is insufficient to combat obesity’s rising tide and significant societal and environmental changes are needed to support individual efforts to make healthier choices;

NOW, THEREFORE, LET IT BE RESOLVED, that [*Municipality / Adopting body*] hereby recognizes that obesity is a serious public health threat to the health and wellbeing of adults, children, and families in [*Municipality*]. And in light of the foregoing considerations, [*Municipality*] commits to do all it can to decrease the rate of obesity and overweight in its communities, and to implementing the necessary laws or policies to create work, school, and neighborhood environments conducive to healthier eating and increased physical activity among residents.

I. Built Environment²⁸

BE IT FURTHER RESOLVED that [*Municipality / Adopting body*] directs all staff responsible for the design, approval, and construction of neighborhoods, streets, and business areas, including planners, engineers, public works staff, and community economic development and redevelopment personnel, to make every effort to:

- Prioritize capital improvement projects that increase opportunities for physical activity in existing areas;
- Plan and construct a built environment that encourages regular walking, biking, public transportation use, and other forms of physical activity by encouraging compact development, mixed land use within neighborhoods, and complete streets that are safe and welcoming for pedestrians, bicyclists, public transportation riders, and people of all ages and abilities; and

COMMENT: For more information about “complete streets” policies improving safety for all users, please visit our website at www.nplan.org.

- Increase the number of grocery stores in underserved communities and take other actions to increase these communities’ access to healthy food, including fresh fruits and vegetables.

BE IT FURTHER RESOLVED that [*Municipality / Adopting body*] directs the [*Planning Department Director / City Manager*] to review comprehensive plans, zoning ordinances, subdivision regulations, and other plans, codes, and regulations, and report to the [*Adopting body*] with a draft of proposed revisions that could increase access to healthy foods, decrease access to unhealthy food retail outlets, and increase opportunities for physical activity within [*insert appropriate period*]. In conducting the aforementioned review and report, the [*Planning Department Director / City Manager*] shall also consider implementing zoning restrictions on unhealthy food retail outlets, such as fast food restaurants. The report shall also include an examination of racial, ethnic, and socio-economic disparities in access to healthy foods and physical activity facilities or resources, and proposed strategies to remedy these inequities.

COMMENT: Although increasing healthy food outlets is one way to improve access to healthy foods in underserved communities, some localities may find it necessary to impose zoning restrictions on unhealthy food retail outlets such as fast food restaurants. For example, NPLAN’s Model Healthy Food Zone Ordinance prohibits the location of fast food restaurants within a certain distance from schools and other locations that children are likely to frequent.

COMMENT: The local government might collaborate with local planning schools or scholars to assist in the necessary research and data collection involved in this review.

BE IT FURTHER RESOLVED that [*Municipality / Adopting body*] recommends that the [*Planning Department Director / City Manager*] procure a Health Impact Assessment from

the [Local Health Department] to evaluate any new large-scale planning and development project.²⁹

II. Access to Healthy Food

BE IT FURTHER RESOLVED that in an effort to support community gardens, [Municipality / Adopting body] directs the [Department of Public Works / Department of Real Estate / other appropriate agency] to inventory property owned by [Municipality] and determine where there is unused land that [Municipality] could provide to the public for community gardening.

BE IT FURTHER RESOLVED that [Municipality / Adopting body] directs the [Department of Public Works / Department of Real Estate / other appropriate agency] to review and revise all laws and policies that might erect unnecessary barriers to community gardening, farmers' markets, or related activities. The director of the [Department of Public Works / Department of Real Estate / other appropriate agency] shall report its findings to the [Adopting body] within [insert appropriate period] of the date this resolution is adopted.

BE IT FURTHER RESOLVED that [Municipality / Adopting body] directs the [Community and Economic Development Department / other appropriate agency] to identify any transportation barriers to accessing supermarkets or farmers' markets and determine where there are opportunities to increase access to healthy food through public transportation, such as expanded bus lines, light rail, subway, or shuttle routes. The director of the [Community and Economic Development Department / other appropriate agency] shall report to the [Adopting body] with its findings within [insert appropriate period] of the date this resolution is adopted.

COMMENT: This section calls on local government to review, identify, and remedy existing barriers to healthy food access. Local government might consider collaborating with local colleges and universities to assist in the necessary research and data collection involved in assessing existing obstacles.

III. Task Force on Obesity Disparities

BE IT FURTHER RESOLVED that [Municipality / Adopting body] hereby creates a Task Force on Obesity Disparities, to investigate the various causes of disparities in obesity rates in lower-income communities and communities of color that have been identified in the scientific literature as being at greater risk for obesity and overweight. The [Adopting body / Mayor] shall appoint [insert desired number] members to the task force comprised of [insert desired task force composition]. This committee shall meet by [insert deadline], and will

report to [*Adopting body*] with a list of recommendations for legislative action and other strategies within [*6 months / 12 months / insert desired timeframe*] after the first meeting of the Task Force.

COMMENT: The Task Force should consist of a diverse group of stakeholders including government employees, such as managerial-level staff from the health department, and parks and recreation department; and community members, such as leaders from the faith community, educators, parents, other health care professionals, and social scientists.

At a minimum, the report shall accomplish the following:

- Determine the current rate for obesity and overweight for Black, Latino, American Indian and Alaska Native, Asian American and Pacific Islander, and low income children and adults in [*Municipality*];³⁰
- Assess the number of full scale supermarkets located in neighborhoods with higher than average Black, Latino, American Indian, Asian American, Pacific Islander, and low income populations;³¹
- Assess the number and condition of parks and other resources for physical activity located in neighborhoods with higher than average Black, Latino, American Indian, Asian American, Pacific Islander, and low income populations;³²
- Identify specific neighborhoods that are underserved by full scale grocery stores, parks, and other resources for physical activity;
- Identify potential partners such as churches, faith based programs, cultural centers, and other community and civic organizations;
- Identify opportunities for public/private partnerships;³³
- Recommend action items to remedy obesity disparities in [*Municipality*], incorporating the assessments listed above;

COMMENT: Although each community is different, some action items to consider are partnering with churches or schools to hold farmers' markets on their property, implementing a "green carts" program to provide fresh fruits and vegetables via mobile vendors in underserved communities, or partnering with schools to open up physical activity facilities to the community at large when school is not in session.

- [insert other desired Task Force goals]

COMMENT: Again, local government might consider collaborating with local colleges and universities to assist in the necessary research and data collection involved in completing this report.

IV. Schools

BE IT FURTHER RESOLVED that [*Municipality*] pledges to support schools' efforts to promote physical activity and good nutrition by:

- Working with school districts, parent-teacher organizations, student organizations, and community groups to expand youth and community opportunities for physical activity through after school, weekend, and summer programs and by implementing joint use agreements and other cooperative arrangements;
- Supporting schools' efforts to cultivate school gardens;
- Supporting schools' efforts to implement farm-to-school programs;³⁴
- Collaborating with school districts to facilitate the location of schools within walking and biking distance of the neighborhoods they serve; and
- Supporting school districts' efforts to establish and implement "safe routes to school" programs.

COMMENT: A joint use agreement is a formal agreement between a school district and the local government whereby both entities share the costs and responsibility of opening up their facilities for physical activity to the public. NPLAN has developed several model joint use agreements, as well as a 50-state survey of laws governing liability for after-hours recreational use of school facilities.

BE IT FURTHER RESOLVED that [*Municipality*] recognizes that community gardens can improve nutrition, physical activity, community engagement, safety, and economic vitality for a neighborhood and its residents, and provide environmental benefits to the community at large. Therefore, [*Municipality / Adopting body*] supports efforts to establish community gardens and encourages businesses, housing providers, private citizens, and government agencies to donate or otherwise provide land to communities for gardening.

BE IT FURTHER RESOLVED that [*Municipality*] pledges to support community efforts to

establish and maintain farmers' markets, recognizing that farmers' markets provide fresh produce to community residents, support small farmers, and build community.

COMMENT: NPLAN has developed model comprehensive plan language and a model ordinance to create and sustain community gardens. NPLAN has also developed model comprehensive plan language and a model ordinance to create and sustain farmers' markets. Healthy mobile vending is another way to increase access to fresh fruits and vegetables in communities. Visit our website (www.nplan.org) for more information on healthy mobile vending policies.

BE IT FURTHER RESOLVED that [*Municipality / Adopting body*] strongly encourages farmers' markets, grocery stores, and other food retailers to accept EBT (electronic benefit transfer) cards and WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) vouchers to increase access to healthy food for low-income families.

V. Parks and Recreation

BE IT FURTHER RESOLVED that [*Municipality / Adopting body / Department of Parks and Recreation*] shall review existing beverage and snack vending machine contracts, and upon renewal, revise these contracts to eliminate [*all / at least 75% of*] sugar-sweetened beverages and snacks high in sugar and fat, and replace them with snacks and beverages that support good health and nutrition, by [*insert appropriate date*].

COMMENT: Alternatively, the Municipality could require all, or the majority (for example, at least 75%) of the foods and beverages in vending machines, to comply with specific nutrition standards, such as the USDA Dietary Guidelines for Americans,³⁵ or the Institute of Medicine's Nutrition Standards for Foods in School.³⁶

BE IT FURTHER RESOLVED that [*Municipality / Adopting Body*] encourages residents to use local parks and hereby directs the Director of the [*Department of Parks and Recreation*] to create and publish a "Family Resource Guide to Programs, Parks and Activities." This guide shall be available to the public on the municipal website, at parks and recreation offices, and at community centers within [*3 months / 6 months / one year*] of the date this resolution is adopted. The guide shall include recommendations for being more physically active, as well as a list and descriptions of all public parks, playgrounds, and community programs involving physical activity within the municipality.³⁷

VI. Community and Day Care Centers

BE IT FURTHER RESOLVED that [*Municipality / Adopting body*] strongly encourages community centers, day care centers, after-school programs, and other youth-centered organizations to:

- Serve foods and beverages in accordance with the [*USDA Dietary Guidelines for Americans / Institute of Medicine's Nutrition Standards for Foods in School*] while eliminating foods and beverages of minimal nutritional value;
- Expand opportunities for children and families to engage in physical activity wherever practical; and
- Integrate the promotion of healthy eating and active living into their program activities.

COMMENT: See NPLAN's model physical activity standards for child care providers.

VII. Food and Beverage Industry

BE IT FURTHER RESOLVED that [*Municipality / Adopting body*] encourages all restaurants doing business in [*Municipality*] to support the health of our communities by offering and clearly identifying healthier options on their menus.

VIII. [City / County] Hospitals

BE IT FURTHER RESOLVED that the [*Municipality / Adopting body*] urges the [*Chief Executive Officers / other appropriate hospital administrators*] of [*insert the names of city and/or county hospitals*] to review all existing beverage and snack vending machine contracts, and upon renewal, revise these contracts to eliminate [*all / at least 75% of*] sugar-sweetened beverages and snacks high in sugar and fat, and replace them with snacks and beverages that support good health and nutrition.

BE IT FURTHER RESOLVED that [*Municipality / Adopting body*] urges the [*Chief Executive Officers / other appropriate hospital administrators*] of [*insert the names of city and/or county hospitals*] to revise cafeteria menus to comply with the current standards set forth in the USDA Dietary Guidelines for Americans.

BE IT FURTHER RESOLVED that [*Municipality / Adopting body*] urges the [*Chief Executive Officers / other appropriate hospital administrators*] of [*insert the names of city and/or county hospitals*] to adopt practices consistent with the UNICEF/WHO Baby-Friendly Hospital Initiative USA, to promote, protect and support breastfeeding.³⁸

IX. Employee Wellness

BE IT FURTHER RESOLVED that in order to promote employee wellness within [*Municipality*], and to set an example for other businesses, [*Municipality / Adopting body*] hereby directs the director of [*the Department of Human Resources / other appropriate department or agency*] to work with key stakeholders, including management municipal employees, and union representatives to draft a plan for [*implementing / enhancing*] a municipal employee wellness program. In addition to the proposed wellness policy, the plan shall include estimated program costs and estimated potential savings from improved employee health and wellbeing. The director of [*the Department of Human Resources / other appropriate agency*] shall present the plan for the municipal employee wellness program to the [*Adopting body*] within [*insert appropriate period*] of the date this resolution is adopted.

BE IT FURTHER RESOLVED that [*Municipality / Adopting body*] strongly encourages private employers to adopt and implement employee wellness programs to promote physical activity and healthier eating.

X. Implementation

BE IT FURTHER RESOLVED that the head of each affected agency or department, including the [*Director of Community and Economic Development, Director of Parks and Recreation, City Manager's Office, Director of Public Works / Department of Real Estate / insert relevant departments*] shall report back to the [*Adopting body*] [*annually / within one year of the date of Resolution's adoption*] regarding steps taken to implement this Resolution, additional steps planned, and any desired actions that would need to be taken by [*Adopting body*] or other agencies or departments to implement the steps taken or planned.

COMMENT: Municipalities are encouraged to tailor this clause to direct agencies to carry out additional specific implementation tasks as appropriate.

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- ¹ Ogden CL, Carroll MD, Curtin LR, et al. "Prevalence of Overweight and Obesity in the United States, 1999-2004." *Journal of the American Medical Association*, 295(13): 1549-55, 2006.
- ² US Department of Health and Human Services, Public Health Service, Office of the Surgeon General. *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*. 2001. Available at: http://surgeongeneral.gov/topics/obesity/calltoaction/fact_adolescents.htm.
- ³ Finklestein E, Trogon J, Cohen J, and Dietz W. "Annual Medical Spending Attributable to Obesity: Payer- and Service-Specific Estimates." *Health Affairs* 28, no. 5: w822-w831, 2009.
- ⁴ 5 McQuillin Mun. Corp. § 15.3 (3rd ed.).
- ⁵ *Id.* at §15.2.
- ⁶ The local legislature must pass an ordinance in accordance with prescribed procedures in state law or in its charter. These generally include formal introduction, notice, and opportunity for public comment, various readings of the proposed ordinance, final vote, and the mayor's signature or veto. *Id.* at §§ 15.17, 16.27, 16.39 & 16.46.
- ⁷ *Id.*
- ⁸ Government agencies, foundations, and researchers often use different terms to describe obesity in children and adolescents. The Robert Wood Johnson Foundation uses the term "obese" for children and adolescents who have a body mass index (BMI) at or above the 95th percentile for their gender and age. The Robert Wood Johnson Foundation uses the term "overweight" for children and adolescents with a BMI at or above the 85th percentile but below the 95th. The Institute of Medicine also uses the term "obese" to describe children and adolescents at or above the 95th percentile but uses the term "at risk for obesity" to describe those with BMI at or above the 85th percentile but below the 95th.
- ⁹ US Census Bureau. *Statistical Abstract of the United States: 2006*. 2005. Available at: www.census.gov/prod/2005pubs/06statab/pop.pdf.
- ¹⁰ 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, May 2008.
- ¹¹ US Department of Health and Human Services, Office of the Surgeon General. *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*. 2001. Available at: http://surgeongeneral.gov/topics/obesity/calltoaction/fact_adolescents.htm.
- ¹² Finklestein E, Trogon J, Cohen J, and Dietz W. "Annual Medical Spending Attributable to Obesity: Payer- and Service-Specific Estimates." *Health Affairs* 28, no. 5: w822-w831, 2009.
- ¹³ Frazao E. *High Costs of Poor Eating Patterns in the United States*. Economic Research Service, U.S. Department of Agriculture. 1999, p. 5-32.
- ¹⁴ Centers for Disease Control and Prevention. *Behavioral Risk Factor Surveillance System*. 2000.
- ¹⁵ Centers for Disease Control and Prevention, Division of Adolescent and School Health. *Youth Risk Behavior Surveillance—United States, 2003*. Available at: www.cdc.gov/mmwr/preview/mmwrhtml/ss5302a1.htm
- ¹⁶ Putnam, J, Allshouse J and Kantor LS. *U.S. Per Capita Food Supply Trends*. Food Review. US Department of Agriculture, 2002. Available at: <http://ers.usda.gov/publications/FoodReview/DEC2002/frvol25i3a.pdf>.
- ¹⁷ Owen C, Martin R, Whincup P, et al. "Effect of Infant Feeding on the Risk of Obesity Across the Life Course: A Quantitative Review of Published Evidence." *Pediatrics*, 115: 1367-1377, 2005.
- ¹⁸ Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion. *Physical Activity for Everyone*. 2008. Available at: www.cdc.gov/physicalactivity/everyone/guidelines.

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- ¹⁹ US National Center for Health Statistics, Office of Analogy and Epidemiology. *Health*, 2008, Table 74. Available at: [www.cdc.gov/nchs/data/08.pdf#074](http://www.cdc.gov/nchs/data/hus/08.pdf#074).
- ²⁰ “Results from the School Health Policies and Programs Study 2000.” *Journal of School Health*, 71[7]: 2001.
- ²¹ Ogden, 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. U.S. Department of Health and Human Services. *Obesity and American Indians/Alaska Natives*. 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.
- ²² Moore LV and Diez Roux AV. “Associations of Neighborhood Characteristics with the Location and Type of Food Stores.” *American Journal of Public Health*, 96(2): 325-331, 2006.
- ²³ Powell LM, Slater S and Chaloupka FJ. “The Relationship Between Community Physical Activity Settings and Race, Ethnicity, and Socioeconomic Status.” *Evidence-Based Preventive Medicine*, 1(2): 135-144, 2004.
- ²⁴ *Id.*
- ²⁵ *Id.*
- ²⁶ The term “built environment” is commonly used in the context of urban planning. It refers to the buildings, streets, parks, and other man-made structures that make up a community.
- ²⁷ Booth KM, Pinkston MM, Carlos WS, et al. “Obesity and the Built Environment.” *Journal of the American Dietetic Association*, 105: S110-S117, 2005.
- ²⁸ Some rural communities face unique challenges when it comes to the built environment, including low population density and limited local government staff. For more ideas on strategies to overcome these unique challenges, see *Rural Obesity: Strategies to Support Rural Counties in Building Capacity*. Washington: National Association of Counties, Community Services Division, 2008. Available at: www.naco.org/Template.cfm?Section=New_Technical_Assistance&template=ContentManagement/ContentDisplay.cfm&ContentID=26506.
- ²⁹ The Centers for Disease Control and Prevention has more information on health impact assessments, available at: www.cdc.gov/healthyplaces/hia.htm.
- ³⁰ See e.g. *Health Disparities in New York City*. New York: New York City Department of Health and Mental Hygiene, 2004. Available at: www.nyc.gov/html/doh/downloads/pdf/epi/disparities-2004.pdf, and A Balakrishnan, C Fichtenberg and A Ames. *Fact Sheet: Overweight and Obesity in Baltimore City, 1997-2007*. Available at: www.baltimorehealth.org/Info/2008_07_22.ObesityFactSheet.pdf.
- ³¹ See www.foodsecurity.org for information on how to conduct an assessment of food retailers. See also Perry D, Piatt J, Lang B, et al. *Special Report: The Need for More Supermarkets in New York*. Philadelphia: The Food Trust; Perry D, Harries C and Goldblatt D. *Special Report: The Need for More Supermarkets in Chicago*. The Food Trust; and Perry D, Sherman S, Stone M, et al. *Special Report: The Need for More Supermarkets in Philadelphia*. The Food Trust. All available at: www.thefoodtrust.org/catalog/resource.list.php.
- ³² For more information on park equity analysis, see “Trust for the Public Land’s Park Equity and Public Health Toolkit.” Available at: www.tpl.org/tier2_kad.cfm?folder_id=3548. For a list of tools available to audit park characteristics see www.activelivingresearch.org/resourcesearch/toolsandmeasures.
- ³³ For example, the mayor of Austin, Texas created the Mayor’s Fitness Council Partner Certification Program, which gives private industry the opportunity to partner with the City’s efforts to be the “fittest city in American by 2010.” Some current partners include Austaco Inc., The United Way of the Capital Area, and

Silicon Laboratories. For more information, see www.ci.austin.tx.us/fitness/partner.htm.

³⁴ For more information and examples of farm-to-school programs, see J Anupama, K Marion and M Berry. National Farm to School Program Center for Food & Justice. *Going Local: Paths to Success For Farm to School Programs*. Available at: <http://departments.oxy.edu/uepi/cfj/publications/goinglocal.pdf>.

³⁵ United States Department of Agriculture. *Dietary Guidelines for Americans 2005*. Available at: www.health.gov/DietaryGuidelines/dga2005/document/default.htm.

³⁶ Institute of Medicine. *Fact Sheet: Nutrition Standards for Foods in Schools: Leading the Way Toward Healthier Youth*. 2007. Available at: www.iom.edu/en/Reports/2007/Nutrition-Standards-for-Foods-in-Schools-Leading-the-Way-toward-Healthier-Youth.aspx

³⁷ See e.g., City of Somerville, Massachusetts. “Living and Thriving in Somerville: Family Resource Guide to Programs and Activities.” 2009. Available at: www.somervillema.gov/cos_content/documents/FamilyResourceGuide2009WithCover.pdf

³⁸ This initiative is a global program sponsored by the World Health Organization and the United Nations Children’s Fund to assist hospitals in supporting mothers to breastfeed. More information is available at: www.babyfriendly/usa.org/eng/index/html.