

**Minnesota Public Health Association Resolution**  
**Public Health Approaches to Preventing and Reducing Obesity 2007**

**WHEREAS**, the Minnesota Public Health Association recognizes that the United Nations has adopted a global strategy on diet, physical activity and health in response to a global epidemic threat of obesity<sup>1</sup>, a chronic condition that increases the risk of other chronic diseases, such as type II diabetes, high blood pressure, stroke, myocardial infarction, heart failure, and cancer among other illnesses<sup>2</sup>; and

**WHEREAS**, obesity is defined as an excessively high amount of body fat or adipose tissue in relation to lean body mass, with a body mass index (BMI) greater than 30; and overweight is defined as increased body weight in relation to height, when compared to some standard of acceptable or desirable weight, with a BMI greater than 25<sup>3</sup>; and

**WHEREAS**, 17.1% of children and adolescents were overweight and 32.3% of adults were obese in the nation in 2002-2003<sup>4</sup>, and high obesity prevalence disproportionately affects minorities and low-income communities<sup>5</sup>; and

**WHEREAS**, poor diet, physical inactivity, and obesity combined have negative health consequences comparable to tobacco use<sup>6</sup>, and the combined factors are second only to tobacco use as potentially the most preventable risk factor for disease<sup>7</sup>; and

**WHEREAS**, \$1.3 billion per year is spent on obesity-related medical expenditures in Minnesota<sup>8</sup>, and about \$78.5 billion spent on costs of obesity and related illnesses in the nation; and

**WHEREAS**, Minnesota is ranked 25<sup>th</sup> in the nation for the highest level of adult obesity in the nation, and 23% of Minnesotan adults are obese<sup>9</sup>; and

**WHEREAS**, obesity is a crucial problem facing today's generation of children and adolescents, because children may live shorter lives due to health-related issues<sup>10</sup>; and

**WHEREAS**, Minnesota is ranked the 13<sup>th</sup> highest in the nation for overweight levels for low-income children<sup>11</sup>; and 15-22% of all Minnesotan adolescents are obese, and 13% of children under the age of 5 are overweight in Minnesota<sup>12</sup>; and

**WHEREAS**, supporting healthy environments that offer nutritious foods, such as fruits and vegetables and low-fat milk, as well as opportunities for physical activity, help address the epidemic of overweight among children and adults<sup>13</sup>; and

**WHEREAS**, behavioral interventions, physical activity increases, and dietary adjustments play a role in preventing and treating obesity<sup>14,15</sup>; and

**WHEREAS**, many young children (one fifth of 0- to 2-year-olds and more than one third of 3- to 6-year-olds) have a television in their bedroom<sup>16</sup>; and

**WHEREAS**, the amount of time spent in front of televisions and computer monitors contributes to a lack of activity<sup>17</sup>.

**THEREFORE, BE IT RESOLVED** that the Minnesota Public Health Association:

1. Advocates for increased funding to develop, implement, and evaluate nutrition interventions that reduce levels of obesity in Minnesota;
2. Promotes the development of programs that support environmental and behavioral strategies that increase awareness and education of the importance of healthy lifestyle choices such as physical activity and diets high in fruits and vegetables;
3. Advocates for policy changes in school nutrition to provide children and adolescents with healthful options for food intake;
4. Supports requirements for physical education in schools;
5. Supports the provisions of healthy food options at low costs and fast accessibility for all Minnesotans;
6. Supports the development of health programs that target high-risk groups such as minorities and low-income populations;
7. Supports environmental infrastructure development that is conducive to healthy physical activity;
8. Encourages health practitioners in all settings to incorporate principles of obesity prevention and health promotion in their awareness, education and advocacy efforts.

## References:

- 
- <sup>1</sup> World Health Organization (2004). Global Strategy on Diet, Physical Activity and Health, Fifty-Seventh World Health Assembly, WHA57.17, Geneva, Switzerland.
  - <sup>2</sup> American Obesity Association.
  - <sup>3</sup> Centers for Disease Control and Prevention. Defining Overweight and Obesity: <http://www.cdc.gov/nccdphp/dnpa/obesity/defining.htm>.
  - <sup>4</sup> Ogden CL, Carroll MD, Curtin LR, McDowell MA, Tabak CJ, Flegal KM. Prevalence of Overweight and Obesity in the United States, 1999-2004. *JAMA* 295; 1549-1555. 2006.
  - <sup>5</sup> Ogden CL, Carroll MD, Curtin LR, McDowell MA, Tabak CJ, Flegal KM. Prevalence of Overweight and Obesity in the United States, 1999-2004. *JAMA* 295; 1549-1555. 2006.
  - <sup>6</sup> Mokdad AH, Marks JS, Stroup DF and Gerberding JL (2004). Actual causes of death in the United States, 2000. *JAMA* 291(10):1238-1245.
  - <sup>7</sup> Flegal KM, Graubard BI, Williamson DF, Gail MH. Excess deaths associated with underweight, overweight, and obesity. *JAMA*. 2005; 293: 1861-1867.
  - <sup>8</sup> Finkelstein E, Fiebelkorn C, Wang G. The costs of obesity among full-time employees. *American Journal of Health Promotion*, 2005; 20 (1): 45-51.
  - <sup>9</sup> <http://healthyamericans.org/reports/obesity/release.php?StateID=MN>.
  - <sup>10</sup> Committee on Prevention of Obesity in Children and Youth (2004). Preventing Childhood Obesity: Health in the Balance. Institute of Medicine of the National Academies, the National Academies Press, Washington, D.C. [www.nap.edu](http://www.nap.edu).
  - <sup>11</sup> <http://healthyamericans.org/reports/obesity/release.php?StateID=MN>.
  - <sup>12</sup> Healthy Minnesotans: Public Health Improvement Goals for 2004.
  - <sup>13</sup> US Department of Health and Human Services. The Surgeon General's call to action to prevent and decrease overweight and obesity. Rockville, MD: US Department of Health and Human Services, Public Health Service, Office of the Surgeon General, 2001.
  - <sup>14</sup> James O. Hill and Holly R. Wyatt. Role of physical activity in preventing and treating obesity *J Appl Physiol* 99: 765-770, 2005.
  - <sup>15</sup> US Department of Health and Human Services. The Surgeon General's call to action to prevent and decrease overweight and obesity. Rockville, MD: US Department of Health and Human Services, Public Health Service, Office of the Surgeon General, 2001.
  - <sup>16</sup> Vandewater EA, Rideout VJ, Wartella EA, Huang X, Lee JH, Shim M. Digital Childhood: Electronic Media and Technology Use Among Infants, Toddlers, and Preschoolers. *Pediatrics*, 2007; 119 (5): e1006-e1015.
  - <sup>17</sup> GAO Congressional Briefing. CHILDHOOD OBESITY: Factors Affecting Physical Activity. 2006.